

Line 2b.- Enter the nine-digit employer identification number (EIN) assigned to the plan sponsor/employer. For example, 00-1234567.

Employers and plan administrators who do not have an EIN should apply for one on **Form SS-4**, Application for Employer Identification Number. Form SS-4 can be obtained at most IRS or Social Security Administration (SSA) offices.

A plan of a controlled group of corporations whose sponsor is more than one of the members of the controlled group should insert the EIN of the sponsoring member named in 2a.

If the plan sponsor is a group of individuals, get a single EIN for the group. When you apply for a number, enter on line 1 of Form SS-4 the name of the group, such as "Joint Board of Trustees of the Local 187 Machinists' Retirement Plan." EINs may be obtained by filing Form SS-4 as explained above.

Note: Although EINs for funds (trusts or custodial accounts) associated with plans are generally not required to be furnished on the Form 5500, the IRS will issue EINs for such funds for other trust reporting purposes. EINs may be obtained by filing Form SS-4 as explained above.

Plan sponsors should use the trust EIN described in the **Note** above when opening a bank account or conducting other transactions for a trust that require an EIN.

Line 2d.- Enter the business code that best describes the nature of the plan sponsor's business from the list of business codes located at the end of these instructions. If more than one employer or employee organization is involved, enter the business code for the main business activity of the employers and/or employee organizations.

Line 3a.- Enter the name and address of the plan administrator, unless (a) the administrator is the sponsor identified in item 2, or (b) Part I, box B(4) is checked because the Form 5500 is submitted as the report of a DFE. If (a) or (b) applies, the word "Same" should be entered on line 3a and lines 3b and 3c should be blank. Plan administrator means—

- The person or group of persons specified as the administrator by the instrument under which the plan is operated;

- The plan sponsor/employer if an administrator is not so designated; or
- Any other person prescribed by regulations if an administrator is not designated and a plan sponsor cannot be identified.

Line 3b.- Enter the plan administrator's nine-digit EIN. A plan administrator must have an EIN for Form 5500 reporting purposes. If the plan administrator does not have an EIN, apply for one as explained in the instructions for line 2b. One EIN should be entered for a group of individuals who are, collectively, the plan administrator.

Note: Employees of the plan sponsor who perform administrative functions for the plan are generally not the plan administrator unless specifically designated in the plan document. If an employee of the plan sponsor is designated as the plan administrator, that employee must get an EIN.

Line 4.- The description of "participant" in the instructions below is only for purposes of line 4 of this form.

Plans providing only welfare benefits should determine the number of participants by reference to 29 CFR 2510.3-3(d). Include former employees who are receiving group health continuation coverage benefits pursuant to Part 6 of ERISA who are covered by the employee welfare benefit plan. Dependents are considered to be neither participants nor beneficiaries in a welfare plan.

To determine the number of participants in a pension plan for purposes of line 4, count all active participants; retired or separated participants receiving or entitled to future benefits; and deceased participants whose beneficiaries are receiving or are entitled to receive benefits.

The term "active participant" includes all individuals who are currently in employment covered by a plan and are earning or retaining credited service under a plan. This term includes individuals who are covered by the plan, but are not currently accruing a benefit. For example, count individuals who are eligible to elect to have the employer make payments to a Code section 401(k) qualified cash or deferred arrangement, regardless of whether an election was made. The term "active participant" also includes any nonvested individuals who are earning or retaining credited service under a plan.

This term does not include nonvested former employees who have incurred the break in service period specified in the plan.

Deceased participants include all deceased individuals who had one or more beneficiaries who are receiving or are entitled to receive benefits under the plan.

Participants receiving or entitled to benefits include all individuals who are retired or separated from employment covered by the plan and are currently receiving benefits or are entitled to receive benefits under the plan in the future.

Note: Do not include any individual who (1) is an "alternate payee" entitled to pension benefits under a qualified domestic relations order; (2) received an irrevocable commitment from an insurance company to pay all the benefits to which the individual is entitled under the plan; (3) is a nonvested former employee who incurred the break in service period specified in the plan; (4) is a child who is an "alternate recipient" entitled to health benefits under a qualified medical child support order; (5) is a former employee who received a distribution or deemed distribution of his or her entire nonforfeitable account balance.

Line 5.- If the plan sponsor's name and EIN have changed since the last return/report was filed for this plan enter the name, EIN and plan number as it appeared on the last return/report filed for this plan.

Line 6.- Benefits Provided Under the Plan. Check the appropriate boxes to indicate the types of benefit provided by the plan. On the lines provided, enter all applicable codes from the table below that describe the characteristics of the plan being reported.

Examples: 1. A Form 5500 filed for a qualified defined benefit pension plan guaranteed by the PBGC which provides benefits that are primarily pay related with an offset arrangement should check box 6a and enter the codes "1A", "1D" and "1G".
2. A Form 5500 filed for a welfare plan providing health insurance, life insurance, dental insurance, and eye examinations to its employees should check 6b and enter the codes "4A", "4B", "4D", and "4E".
3. A Form 5500 for a prototype qualified employee benefit plan providing defined benefit pension benefits guaranteed by the PBGC that are primarily pay related, life insurance, and voluntary employee contributions allocated to separate accounts should check boxes 6a and 6b and enter the codes "1A", "1G", "2K", "3E" and "4B".

Code	Plan Characteristics - Check box 6a and/or 6b and enter all codes that appear in the left column below on the lines provided if the plan characteristics and explanation below apply to the plan being reported.
	Pension benefit features - Box 6a - Defined Benefit Pension Feature Codes 1A to 1H - A defined benefit plan provides benefits based on a specific formula that is not based on the value of the assets and earnings of the plan.
1A	Benefits are primarily pay related
1B	Benefits are primarily flat dollar
1C	Cash balance plan - Plan benefits are based on hypothetical accounts with guaranteed asset earning rates.
1D	Offset arrangement - Plan benefits are subject to offset for retirement benefits provided in another plan or arrangement of the employer.
1E	401(h) arrangement - Plan contains separate accounts under Code section 401(h) to provide employee health benefits.
1F	414(k) arrangement - Benefits are based partly on the balance of the separate account of the participant (also include appropriate defined contribution pension feature codes).
1G	Covered by PBGC - Plan is covered under the PBGC insurance program (see ERISA section 4021).
1H	Terminated for PBGC purposes - Plan has terminated for PBGC purposes under ERISA sections 4041 or 4042 and the plan termination date is on or before the last day of the plan year.
	Box 6a - Defined Contribution Pension Feature Codes 2A to 2P
2A	Allocations based upon age, service, or age and service

2B	Target benefit plan
2C	Money purchase (other than target benefit)
2D	Offset plan - Plan benefits are subject to offset for retirement benefits provided in another plan or arrangement of the employer.
2E	Profit-sharing
2F	404(c) Plan -- This plan is intended to meet the conditions of 29 CFR 2550.404c-1.
2G	Participant-Directed Account Plan - Total - Participants have the opportunity to direct the investment of all the assets allocated to their individual accounts.
2H	Participant-Directed Account Plan - Part - Participants have the opportunity to direct the investment of a portion of the assets allocated to their individual accounts.
2I	Stock bonus
2J	401(k) feature - A cash or deferred arrangement described in Code section 401(k) that is part of a qualified defined contribution plan that provides for an election by employees to defer part of their compensation or receive these amounts in cash.
2K	401(m) arrangement - Employee contributions are allocated to separate accounts under the plan or employer contributions are based, in whole or in part, on employee deferrals or contributions to the plan.
2L	403(b)(1) arrangement - See the instructions on page 2 for Code section 403(b)(1) arrangements for certain exempt organizations
2M	403(b)(7) accounts - See the instructions on page 2 for Code section 403(b)(7) custodial accounts for regulated investment company stock for certain exempt organizations
2N	408 accounts and annuities - See the instructions on page 2 for pension plan utilizing individual Code section 408 retirement accounts or annuities as the funding vehicle for providing benefits.
2O	An ESOP other than a leveraged ESOP - A completed Schedule E must be attached to a Form 5500 filed for an Employee Stock Ownership Plan (ESOP).
2P	Leveraged ESOP - An ESOP that acquires employer securities with borrowed money or other debt-financing techniques. A completed Schedule E must be attached to a Form 5500 filed for an ESOP..
Box 6a - Other Pension Benefit Feature Codes 3A to 3I	
3A	Non-U.S. plan - Pension Plan maintained outside the United States primarily for nonresident aliens
3B	Plan covering Self-Employed individuals
3C	Plan not intended to be qualified - A plan not intended to be qualified under Code sections 401, 403, or 408.
3D	Master plan - A pension plan that is made available by a sponsoring organization for adoption by employers; that is the subject of a favorable opinion letter under Revenue Procedure 89-9, 1989-1 C.B. 780, as modified by Rev. Proc. 90-21, 1990-1 C.B. 499; and for which a single funding medium (for example, a trust or custodial account) is established for the joint use of all adopting employers. For this purpose, sponsoring organizations include banks, IRS-approved nonbank trustees, insurance companies, regulated investment companies, certain trade or professional associations, and other organizations described in section 3.07 of Revenue Procedure 89-9, as modified.
3E	Prototype plan - A pension plan that is made available by a sponsoring organization for adoption by employers; that is the subject of a favorable opinion letter under Revenue Procedure 90-21, 1990-1 C.B. 780, as modified by Rev. Proc. 90-21, 1990-1 C.B. 499; and under which a separate funding medium (for example, a separate trust or custodial account) is established for each adopting employer. See the preceding paragraph regarding the meaning of "sponsoring organization."
3F	Regional Prototype plan - A pension plan that is made available by a regional sponsor for adoption by employers and that is the subject of a favorable notification letter under Rev. Proc. 89-13, 1989-1 C.B. 801, as modified by Rev. Proc. 90-21, 1990-1 C.B. 499. For this purpose, regional sponsors include individuals and organizations, other than organizations that are permitted to sponsor master or prototype plans.
3G	One- participant plan - A plan without employees as defined in 29 CFR 2510.3-3(b).
3H	Plan is sponsored by a controlled group (Code sections 414(b), (c), or (m)).
3I	Other
Box 6b - Welfare Benefit Codes 4A to 4R	
4A	Health (other than dental or vision)
4B	Life Insurance

4C	Supplemental unemployment
4D	Dental
4E	Vision
4F	Temporary disability (accident and sickness)
4G	Prepaid legal
4H	Long-term disability
4I	Severance pay
4J	Apprenticeship and training
4K	Scholarship (funded)
4L	Death benefits (other than life insurance, including travel accident)
4P	Taft-Hartley Financial Assistance for Employee Housing Expenses
4Q	Other
4R	Report of unfunded, fully insured, or combination unfunded/insured welfare plan that will not file a Form 5500 for next plan year in accordance with 29 CFR 2520.104-20.

Line 7.- Funding and Benefit Arrangements. Check all boxes that apply to indicate the funding and benefit arrangements used during the plan year. The funding arrangement is the method for the receipt, holding, investment, and transmittal of plan assets prior to the time the plan actually provides benefits. The benefit arrangement is the method by which benefits are actually provided to participants by the plan. For the purposes of line 7:

"Insurance" means the plan has an account, contract, or policy with, and/or used the investment services of, an insurance company. Do not check "insurance" if the sole function of the insurance company was to provide administrative services.

Code section 412(i) insurance contracts are contracts that provide retirement benefits under a plan that are guaranteed by an insurance carrier. In general, such contracts must provide for level premium payments over the individual's period of participation in the plan (to retirement age), premiums must be timely paid as currently required under the contract, no rights under the contract may be subject to a security interest and no policy loans may be outstanding. If a plan is funded exclusively by the purchase of such contracts, the otherwise applicable minimum funding requirements of section 412 of the Code and section 302 of ERISA do not apply for the year and a Schedule B is not required to be filed.

"Trust" includes any fund or account which receives, holds, transmits, or invests plan assets other than an account or policy of an insurance company.

"General assets of the sponsor" means the plan either had no assets or some assets were commingled with the general assets of the plan sponsor prior to the time the plan actually provided the benefits promised.

"Other" means the plan used a method to either fund or provide benefits under the plan without using an insurance company, Code section 412(i) insurance contract, trust, or the general assets of the plan sponsor.

Example: If the plan invested all of its assets in banks, registered investment companies, or other non-insurance company investments until it purchased annuities to provide the benefits promised under the plan, boxes 7a(3) and 7b(1) should be checked.

Note: At least one Schedule A must be attached to the Form 5500 if 7a(1), 7a(2), 7b(1), and/or 7b(2) is checked. See the instructions to the Schedule A and enter the number of Schedules A on line 8, if applicable.

Line 8.- Form 5500 Schedules.

All attachments to the Form 5500, including schedules, must include both the plan sponsor's EIN and the plan number entered on lines 2b and 1b of the Form 5500. Check the boxes on line 8 to indicate the Schedules being filed and, where lines are provided, enter the number of schedules attached to the Form 5500. The Schedules are described below.

Pension Schedules

Schedule PEN (Pension Plan Information) must be completed if the Form 5500 is being filed for a pension benefit plan unless otherwise specified under **Limited Pension Plan Reporting** on page 8. See the instructions for the Schedule PEN (Form 5500).

Schedule Q (Qualified Pension Plan Coverage Information) must be completed for a pension benefit plan that is intended to be qualified under Code section 401(a) or section 403(a). See the instructions for the Schedule Q (Form 5500).

Schedule B (Actuarial Information) is required for certain plans, in accordance with the instructions for the Schedule B. See the instructions for the Schedule B (Form 5500). Also see the instructions for Part III of the Schedule PEN.

Schedule E (ESOP Annual Information) is required for all pension benefit plans with ESOP benefits. See the instructions for Schedule E.

Schedule SSA (Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits) may be needed to report separated participants. See **When to Report a Separated Participant** in the instructions for Schedule SSA.

Fringe Benefit Schedule

Schedule F (Fringe Benefit Plan Annual Information) must be attached to the Form 5500 for all fringe benefit plans. See the instructions for the Schedule F (Form 5500).

Financial Schedules

Schedule FIN (Financial Information) is required for all pension benefit plans and welfare benefit plans

filing as "large plans," unless the plan is exempt as an insured or unfunded plan or under **Limited Pension Plan Reporting** on page 8. Schedule FIN is also required for all DFE filers (CCTs, PSAs, MTIAs, 103-12 IEs, and GIAs). See the instructions for the Schedule FIN (Form 5500).

Schedule FIN-SP (Financial Information - Small Plan) is required for all pension benefit plans and welfare benefit plans filing as "small plans," unless the plan is exempt as an insured or unfunded plan or under **Limited Pension Plan Reporting** on page 8. See the instructions for the Schedule FIN-SP (Form 5500).

Schedule A (Insurance Information) is required if any benefits under an employee benefit plan are provided by an insurance company, insurance service or other similar organization (such as Blue Cross, Blue Shield, or a health maintenance organization). This includes investment contracts with insurance companies such as guaranteed investment contracts and pooled separate accounts. Schedule A information is required to be reported for the plan year. If the contract began after the beginning of the plan year, the information should cover from the commencement of the contract to the end of the plan year. If the contract terminated before the end of the plan year, the information should cover from the beginning of the plan year to the termination of the contract. The information may not cover a period of more than 12 months in length. See the instructions for the Schedule A (Form 5500).

Note: Do not file Schedule A to report Administrative Services Only (ASO) contracts. Do not file Schedule A if a Schedule A is filed for the contract as part of the Form 5500 filed directly by a master trust investment account or 103-12 IE. Do not file Schedule A if the plan covers only: (1) an individual or an individual and his or her spouse who wholly own a trade or business, whether incorporated or unincorporated; or (2) partners, or partners and one or more of the partner's spouses in a partnership.

ERISA Section 103(a)(2) requires an insurance company (or similar organization) to provide the plan administrator with the information needed to complete the annual report. Contact the insurance company (or similar organization) if the required information is not received in a timely manner. If the information is missing on the Schedule A (Form

5500) due to a refusal of the insurance company to provide the information, note this on Schedule A.

Schedule C (Service Provider Information) is required when the Form 5500 is filed for a large plan, MTIA, 103-12 IE or GIA and (1) any service provider who rendered services to the plan during the plan year received \$5,000 or more in compensation, directly or indirectly from the plan or (2) an accountant and/or actuary has been terminated. For additional information, see the Schedule C instructions.

Schedule D (Participating Plan/DFE Schedule) is required when the Form 5500 is filed for an employee benefit plan with investments in one or more DFEs; or for a Form 5500 filed for a DFE. See the instructions for the Schedule D (Form 5500).

Schedule G. (Financial Transaction Schedules). **Parts I and II** (Loans, Leases, and Fixed Income Obligations) is required when the Form 5500 is filed

for a large plan, MTIA, 103-12 IE or GIA and the Schedule FIN requires the reporting of certain loans, leases, and fixed income obligations in default or determined to be uncollectible. **Part III** (Non-Exempt Transactions) is required for large plans, MTIAs, and GIAs to report non-exempt transactions. See the instructions for the Schedule G (Form 5500).

Schedule P (Annual Return of Fiduciary of Employee Benefit Trust) is required, for the plan year in which the trust year ends, by any fiduciary (trustee or custodian) of an organization that is qualified under Code section 401(a) and exempt from tax under Code section 501(a) who wants to protect the organization under the statute of limitations provided in Code section 6501(a). See the instructions for the Schedule P (Form 5500).

ERISA COMPLIANCE QUICK CHECKLIST

Compliance with the Employee Retirement Income Security Act (ERISA) begins with knowing the rules. Plan administrators and other plan officials can use this checklist as a quick diagnostic tool for assessing a plan's compliance with certain important ERISA rules; it is not a complete description of all ERISA's rules and it is not a substitute for a comprehensive compliance review. Use of this checklist is voluntary, and it should not be filed with your Form 5500.

If you answer "No" to any of the questions below, you should review your plan's operations because you may not be in full compliance with ERISA's requirements.

1. Have you provided plan participants with a summary plan description, summaries of any material modifications of the plan, and annual summary financial reports that tell participants what the plan provides and how it operates?
2. Do you maintain copies of plan documents at the principal office of the plan administrator for examination by participants and beneficiaries?
3. Do you respond to written participant inquiries for copies of plan documents and information within 30 days?
4. Does your plan include written procedures for making benefit claims and appealing denied claims, and are you complying with those procedures?
5. Is your plan covered by a fidelity bond against losses due to fraud or dishonesty?
6. Are the plan's investments diversified so as to minimize the risk of large losses?
7. If the plan permits participants to select the investments in their plan accounts, has the plan provided them with enough information to make informed decisions?
8. Has a plan official determined that the investments are prudent and solely in the interest of the plan's participants and beneficiaries, and evaluated the risks associated with plan investments before making the investments?
9. Did the employer or other plan sponsor send participant contributions to the plan on a timely basis?
10. Did the plan pay participant benefits on time and in the correct amounts?

If you answer "Yes" to any of the questions below, you should review your plan's operations because you may not be in full compliance with ERISA's requirements.

1. Has the plan engaged in any financial transactions with persons related to the plan or any plan official, for example, has the plan made a loan to or participated in an investment with the employer, company officer, or plan trustees?
2. Has any plan official used the assets of the plan for his/her own interest?
3. Have plan assets been used to pay expenses that were not authorized in the plan document, were not necessary to the proper administration of the plan, or were more than reasonable in amount?

If you need help answering these questions or want additional guidance about ERISA requirements, a plan official should contact the U.S. Department of Labor Pension and Welfare Benefits Administration office in your region or consult with the plan's legal counsel or professional employee benefit advisor.

Codes for Principal Business Activity and Principal Product or Service These industry titles and definitions are based, in general, on the Proposed NAICS-based industry coding structure for Corporations authorized by the Regulatory and Statistical Analysis Division, Office of Information and Regulatory Affairs, Office of Management and Budget, to classify enterprises by type of activity in which they are engaged. (* indicates a pseudo-code (combination))

Code	Code	Code
Agriculture, Forestry, Fishing & Hunting	Wood Product Manufacturing	Computer and Electronic Product Manufacturing
111000 Crop Production	321110 Sawmills & Wood Preservation	334110 Computer & Peripheral Equip Mfg
112000 Animal Production	321210 Veneer, Plywood, & Engineered	334410 Semiconductor & Other Electronic
115000 Support Activities for Agriculture & Forestry	Wood Product Mfg	Component Mfg
116000* Forestry & Logging, Fishing, Hunting & Trapping	321900 Other Wood Product Mfg	334510 Navigational, Measuring, Medical, & Control Instruments Mfg
Mining	Paper Manufacturing and Printing	334610 Mfg & Reproducing Magnetic & Optical Media
211110 Oil & Gas Extraction	322100 Pulp, Paper, & Paperboard Mills	334800* Communication, Audio and Video Equip Mfg
212110 Coal Mining	322200 Converted Paper Product Mfg	
212200 Metal Ore Mining	323100 Printing & Related Support Activities	Electrical Equipment, Appliance and Component Manufacturing
Non-Metallic Mineral Mining and Quarrying	Petroleum and Coal Products Manufacturing	335200 Household Appliance Mfg
212310 Stone Mining & Quarrying	324110 Petroleum Refineries	335800* All Other Electrical Equip & Component Mfg
212320 Sand, Gravel, Clay, & Ceramic & Refractory Minerals Mining & Quarrying	324180* Other Petroleum & Coal Products Mfg, except Petroleum Refineries	
212390 Other Non-Metallic Mineral Mining & Quarrying	Chemical Manufacturing	Transportation Equipment Manufacturing
213110 Support Activities for Mining	325100 Basic Chemical Mfg	336410 Aerospace Product & Parts Mfg
Utilities	325200 Resin, Synthetic Rubber, & Artificial & Synthetic Fibers & Filaments Mfg	336610 Ship & Boat Building
221100 Electric Power Generation, Transmission & Distribution	325300 Pesticide, Fertilizer & Other Agricultural Chemical Mfg	336700* Motor Vehicles, Trailer, and Parts Mfg
221210 Natural Gas Distribution	325410 Pharmaceutical & Medicine Mfg	336800* Railroad Rolling Stock and Other Transportation Equip Mfg
221300 Water, Sewage & Other Systems	325500 Paint, Coating, Adhesive, & Sealant Mfg	Furniture and Related Product Manufacturing
Construction	325600 Soap, Cleaning Compound & Toilet Preparation Mfg	337000 Furniture & Related Product Mfg
233110 Land Subdivision and Land Development	325900 Other Chemical Product Mfg	Miscellaneous Manufacturing
233200 Residential Building Construction	Plastics and Rubber Products Manufacturing	339110 Medical Equipment & Supplies Mfg
233300 Nonresidential Building Construction	326100 Plastics Product Mfg	339900 Other Misc Mfg
234000 Heavy Construction	326200 Rubber Product Mfg	Wholesale Trade Durable Goods
Special Trade Contractors	Non-Metallic Mineral Product Manufacturing	421100 Motor Vehicle & Motor Vehicle Part & Supplies Wholesalers
235110 Plumbing, Heating & Air-Conditioning Contractors	327100 Clay Product & Refractory Mfg	421200 Furniture & Home Furnishing Wholesalers
235310 Electrical Contractors	327210 Glass & Glass Product Mfg	421300 Lumber & Other Construction Materials Wholesalers
236000* All Other Special Trade Contractors	327300 Cement & Concrete Product Mfg	421400 Professional & Commercial Equip & Supplies Wholesalers
Manufacturing	327800* Lime, Gypsum & Other Nonmetallic Mineral Product Mfg	421500 Metal & Mineral (except Petroleum) Wholesalers
Food Manufacturing	Primary Metal Manufacturing	421600 Electrical Goods Wholesalers
311110 Animal Food Mfg	331500 Foundries (ferrous and nonferrous)	421700 Hardware, & Plumbing & Heating Equip & Supplies Wholesalers
311200 Grain & Oilseed Milling	331600* Ferrous Metal & Ferroalloy Mfg	421800 Machinery, Equip & Supplies Wholesalers
311300 Sugar & Confectionery Product Mfg	331700* Nonferrous Metal Production & Processing	421900 Misc Durable Goods Wholesalers
311400 Fruit & Vegetable Preserving & Specialty Food Mfg	Fabricated Metal Product Manufacturing	Nondurable Goods
311500 Dairy Product Mfg	332110 Forging & Stamping	422100 Paper & Paper Product Wholesalers
311600 Meat Product Mfg	332300 Architectural & Structural Metals Mfg	422210 Drug, Drug Proprietaries & Druggists' Sundries Wholesalers
311700 Seafood Product Preparation & Packaging	332400 Boiler, Tank, & Shipping Container Mfg	
311800 Bakeries & Tortilla Mfg	332700 Machine Shops, Turned Product, & Screw, Nut & Bolt Mfg	422300 Apparel, Piece Goods, & Notions Wholesalers
311900 Other Food Mfg	332810 Coating, Engraving, Heat Treating, & Allied Activities	422400 Grocery & Related Product Wholesalers
Beverage and Tobacco Product Manufacturing	332980* Cutlery & Hand Tool, Hardware, Spring & Wire Products & Other Fabricated Metal Product Mfg	422500 Farm Product Raw Material Wholesalers
312110 Soft Drink & Ice Mfg	Machinery Manufacturing	422600 Chemical & Allied Products Wholesalers
312150* Alcoholic Beverage Mfg (Breweries, Wineries, and Distilleries)	333100 Agriculture, Construction, & Mining Machinery Mfg	422700 Petroleum & Petroleum Products Wholesalers
312200 Tobacco Mfg	333200 Industrial Machinery Mfg	422800 Beer, Wine, & Distilled Alcoholic Beverage Wholesalers
Textile Mills and Textile Mill Products	333310 Vending, Commercial Laundry, Office, Photographic, Photocopying & Other Service Industry & Commercial Machinery Mfg	422900 Misc Nondurable Goods Wholesalers
313000 Textile Mills	333410 Ventilation, Heating, Air-Conditioning & Commercial Refrigeration Equip Mfg	Retail Trade
314000 Textile Product Mills	333510 Metalworking Machinery Mfg	441100 Automobile Dealers
Apparel Manufacturing	333610 Engine, Turbine & Power Transmission Equip Mfg	441200 Other Motor Vehicle Dealers
315100 Apparel Knitting Mills	333900 Other General Purpose Machinery Mfg	441300 Automotive Parts, Accessories & Tire Stores
315220 Men's & Boys' Cut & Sew Apparel Mfg		442000 Furniture & Home Furnishings Stores
315230 Women's & Girls' Cut & Sew Apparel Mfg		443100 Electronics & Appliance Stores
315280* Other Cut & Sew Apparel Mfg and Contractors		444000 Building Material & Garden Equip & Supplies Dealers
315900 Apparel Accessories & Other Apparel Mfg		445100 Grocery Stores
Leather and Allied Product Manufacturing		445200 Specialty Food Stores
316210 Footwear Mfg		445300 Beer, Wine & Liquor Stores
316800* Leather Tanning & Other Leather & Allied Product Mfg		446100 Health & Personal Care Stores
		447100 Gasoline Stations

Code		Code		Code	
448000	Clothing, Shoe, Jewelry, Luggage and Leather Goods Stores	525800*	All Other Funds, Trusts, & Other Financial Vehicles	813000	Religious, Grantmaking, Civic, & Professional & Similar Organizations
451000	Sporting Goods, Hobby, Book & Music Stores				
452000	General Merchandise Stores	Real Estate & Rental & Leasing		Unclassified Establishments	
453000	Misc Store Retailers	Real Estate		999999	Unclassified Establishments
454000	Nonstore Retailers (includes Mail-Order, Electronic Shopping, Vending Machines, and Fuel Dealers)	531100	Lessors of Real Estate		
		531210	Offices of Real Estate Agents & Brokers		
		531300	Real Estate Property Managers, Appraisers, & Other Activities Related to Real Estate		
Transportation & Warehousing					
481000	Air Transportation				
482110	Rail Transportation	Rental and Leasing Services			
483000	Water Transportation	532000	Rental & Leasing Services		
484000	Truck Transportation				
485000	Transit & Ground Passenger Transportation	533110	Owners & Lessors of Other Non-Financial Assets		
486000	Pipeline Transportation				
487000	Scenic & Sightseeing Transportation	Professional, Scientific & Technical Services			
488000	Support Activities for Transportation	541100	Legal Services		
492000	Couriers & Messengers	541211	Offices of Certified Public Accountants		
493100	Warehousing & Storage Facilities	541218*	Tax Preparation, Bookkeeping, Payroll and Other Accounting Services		
Information		541300	Architectural, Engineering & Related Services		
Publishing Industries		541500	Computer Systems Design & Related Services		
511110	Newspaper Publishers	541600	Management, Scientific & Technical Consulting Services		
511120	Periodical Publishers	541800	Advertising & Related Services		
511130	Book Publishers	542100*	Interior, Industrial, & Graphic Design, Scientific & Marketing Research, Photographic, Veterinary & Other Professional, Scientific & Technical Services		
511180*	Database, Directory, Greeting Cards, and Other Publishers				
511210	Software Publishers				
Motion Picture and Sound Recording Industries		Holding Companies			
512100	Motion Picture & Video Industries	551111	Offices of Bank Holding Companies		
512200	Sound Recording Industries	551112	Offices of Other Holding Companies		
Broadcasting and Telecommunications		Administrative & Support, Waste Management & Remediation Services			
513100	Radio & Television Broadcasting	561000	Administrative & Support Services		
513200	Cable Networks & Program Distribution	562000	Waste Management & Remediation Services		
513300	Paging, Cellular, Satellite, and Other Telecommunications				
514000	News Syndicates, Libraries, On-Line Information & Data Processing Services				
Finance & Insurance		Educational Services			
Depository Credit Intermediation		611000	Educational Services		
522120	Savings Institutions				
522130	Credit Unions	Health Care & Social Assistance			
522180*	Commercial, Private and Industrial Banking	621110	Offices of Physicians		
Non-Depository Credit Intermediation		621210	Offices of Dentists		
522210	Credit Card Issuing	621300	Offices of Other Health Practitioners		
522220	Sales Financing	621480*	Outpatient Care Centers (except HMO Medical Centers)		
522292	Real Estate Credit	621491	HMO Medical Centers		
522297*	Consumer Lending, International Trade Financing and Other Non-Depository Credit Intermediation	621510	Medical & Diagnostic Laboratories		
		621800*	Other Ambulatory and Home Health Care Services		
522300	Activities Related to Credit Intermediation	622000	Hospitals		
Securities, Commodity Contracts & Other Intermediation & Related Activities		623000	Nursing & Residential Care Facilities		
523300*	Securities Brokers & Dealers, Portfolio Management, and Related Activities	624000	Social Assistance (including Child Day Care Services)		
523400*	Commodities Brokers & Dealers	Arts, Entertainment & Recreation			
523800*	All Other Financial Investment Activities & Exchanges	711000	Performing Arts, Spectator Sports & Related Industries		
Insurance Carriers & Related Activities		712100	Museums, Historical Sites & Similar Institutions		
524140*	Direct Life, Health, and Medical Insurance & Reinsurance Carriers	713000	Amusement, Gambling & Recreation Industries		
524150*	Direct Insurance & Reinsurance (except Life, Health & Medical) Carriers	Accommodation & Foodservices			
524200	Agencies, Brokerages & Other Insurance Related Activities	721000	Accommodation		
		722000	Foodservices & Drinking Places		
Funds, Trusts & Other Financial Vehicles (U.S. Only)		Other Services (except Public Administration)			
525910	Open-End Investment Funds	Repair and Maintenance			
525930	Real Estate Investment Trusts	811100	Automotive Repair & Maintenance		
		811800*	All Other Repair & Maintenance		
		812000	Personal & Laundry Services		

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Department of Labor
Pension and Welfare
Benefits Administration

199X

Instructions for Schedule A (Form 5500)

Insurance Information

"ERISA" refers to the Employee Retirement Income Security Act of 1974.

General Instructions

Who Must File

The Schedule A must be attached to the Form 5500 for every defined benefit pension plan, defined contribution pension plan, welfare benefit plan, and DFE (except CCT or PSA) where any benefits under the plan or DFE are provided (or investments are managed) by an insurance company, insurance service, or other similar organization during the plan or DFE year. See the Form 5500 instructions for **Direct Filing Entities (DFEs)**.

Check the appropriate box on Part II, line 8 of the Form 5500 and enter the total number, if any Schedules A have been attached.

Specific Instructions

Lines A, B, C and D. - This information should be the same as reported in Part II of the Form 5500 to which this Schedule A is attached.

Include only the contracts issued to the plan or DFE for which this return/report is being filed. Information on the Schedule A must be for the plan year reported on the Form 5500 (including a short plan year) unless the contract began or ended within the plan year, in which case the information should pertain to the period within the plan year during which the contract was effective.

Caution: Do not enter Schedule A information for the insurance contract or policy year.

Part I - Summary of All Insurance Contracts

Column 1(c). - Enter the number assigned by the National Association of Insurance Commissioners (NAIC) to the insurance company. If none, enter "0000".

Column 1(e). - Since coverage may fluctuate during the year, the administrator should estimate the number of persons that were covered by the policy or contract at the end of the plan year. Where contracts covering individual employees are grouped, compute entries as of the end of the plan year.

Column 2(c). - Report all sales commissions regardless of the identity of the recipient. Do not report override commissions, salaries, bonuses, etc., paid to a general agent or manager for managing an agency, or for performing other administrative functions.

Column 2(d). - Fees to be reported represent payments by insurance carriers to agents, brokers and other persons for items other than commissions (e.g., service fees, consulting fees, and finders fees). Fees paid by insurance carriers to persons other than agents and brokers should be reported here, **NOT** in Parts II and III on Schedule A as acquisition costs, administrative charges, etc

Note: For purposes of item 2, commissions and fees include amounts paid by an insurance company on the basis of the aggregate value (e.g., policy amounts, premiums) of contracts or policies (or classes thereof) placed or retained. The amount (or pro rata share of the total) of such commissions or fees attributable to the contract or policy placed with or retained by the plan must be reported in column (c) or (d), as appropriate.

A

Caution: For plans and DFEs required to file Schedule C, fees paid by employee benefit plans or DFEs to agents, brokers, and other persons are also to be reported on Schedule C (Form 5500).

Column 2(e). - Enter the most appropriate code:

- 1 - Bank, Savings & Loan Association, Credit Union or other similar financial institution
- 2 - Trust company
- 3 - Insurance Agent or Broker
- 4 - Agent or Broker other than insurance
- 5 - Third party administrator
- 6 - Investment Company/Mutual Fund
- 7 - Investment Manager/Adviser
- 8 - Labor union
- 9 - Foreign entity (e.g., an agent or broker, bank, insurance company, etc. not operating within the jurisdictional boundaries of the United States)
- 0 - Other

Part II - Investment and Annuity Contract Information

Line 3. - Enter the current value for an investment contract identified on item 6, e.g., a deposit administration (DA), immediate participation guarantee (IPG), or guaranteed investment contract (GIC).

Exception: This line may be left blank if (1) the Schedule A is filed for a defined benefit pension plan and the contract was entered into before March 20, 1992, or (2) the Schedule A is filed for a defined contribution pension plan and the contract is a fully benefit-responsive contract, i.e., it provides a liquidity guarantee by a financially responsible third party of principal and previously accrued interest for liquidations, transfers, loans, or hardship withdrawals initiated by plan participants exercising their rights to withdraw, borrow, or transfer funds under the terms of a defined contribution plan that do not include substantial restrictions to participants' access to plan funds.

Line 5a. - The rate information called for here may be furnished by attaching the appropriate schedules of current rates filed with the appropriate state insurance department or by providing a statement regarding the basis of the rates.

Lines 6b through 6f. - Show deposit fund amounts rather than experience credit records when both are maintained.

Part III - Welfare Benefit Contract Information

Line 7i. - Report a stop-loss insurance policy whose claims are paid to the plan or which is otherwise an asset of the plan. **Note:** Employers sponsoring welfare plans that provide benefits exclusively out of the employer's general assets may purchase a stop loss policy for the employer to facilitate the employer in managing its risk associated with its liabilities under the plan. These employer contracts generally are not plan assets and are not reportable on Schedule A.

Department of the
Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare
Benefits Administration

Pension Benefit
Guaranty Corporation



199X

Instructions for Schedule B (Form 5500)

Actuarial Information

"ERISA" refers to the Employee Retirement Income Security Act of 1974.

"Code" refers to the Internal Revenue Code.

General Instructions

Who Must File

The employer or plan administrator of a defined benefit plan that is subject to the minimum funding standards (see Code section 412 and Part 3 of Title I of ERISA) must file this schedule as an attachment to the Form 5500 or Form 5500-EZ. The Schedule B does not have to be filed if Form 5500-EZ is not required to be filed (in accordance with the instructions for Form 5500-EZ); however, the funding standard account for the plan must continue to be maintained, even if the Schedule B is not filed.

Check the appropriate box on Part II, line 8 of the Form 5500 if a Schedule B is attached.

Lines A through E and G (most recent enrollment number) must be completed for ALL plans. If the Schedule B is attached to a Form 5500, lines A, B, C and D should include the same information as reported in Part II of the Form 5500.

Check the box in line F if the plan has 100 or fewer participants in the prior plan year. A plan has 100 or fewer participants in the prior plan year only if there were 100 or fewer participants (both active and nonactive participants) on each day of the preceding plan year, taking into account participants in all defined benefit plans maintained by the same employer (or any member of such employer's controlled group) who are also employees of that employer or member. Nonactive participants include vested terminated and retired employees.

All defined benefit plans, regardless of size or type, must complete and file Part I. Part II must be filed for all plans other than those specified in 1 and 2 below:

1. Part II should not be filed for multiemployer plans for which box 2 in line E is checked.
2. Part II should not be filed for plans that have

100 or fewer participants in the prior plan year as described above.

In addition, please note that RPA '94 refers to the Retirement Protection Act of 1994 and that OBRA '87 refers to the Omnibus Budget Reconciliation Act of 1987.

Note: (1) For split-funded plans, the costs and contributions reported on Schedule B should include those relating to both trust funds and insurance carriers. (2) For plans with funding standard account amortization charges and credits see the instructions for lines 9c, 9j, 12j, and 13i, as applicable, regarding attachment.

Statement by Enrolled Actuary

An enrolled actuary must sign Schedule B. The signature of the enrolled actuary may be qualified to state that it is subject to attached qualifications. See Income Tax Regulations section 301.6059-1(d) for permitted qualifications. If the actuary has not fully reflected any final or temporary regulation, revenue ruling or notice promulgated under the statute in completing the Schedule B, check the box on the last line of page 1. If this box is checked, indicate on an attachment whether an accumulated funding deficiency or a contribution that is not wholly deductible would result if the actuary had fully reflected such regulation, revenue ruling or notice. A stamped or machine produced signature is not acceptable. The most recent enrollment number must be entered in line G. In addition, the actuary may offer any other comments related to the information contained in Schedule B.

Specific Instructions

Part I

Line 1. - All entries must be reported as of the valuation date.

Line 1a. - **Actuarial Valuation Date.** - The valuation

for a plan year may be as of any date in the plan year, including the first or last day of the plan year. Valuations must be performed within the period specified by ERISA section 103(d) and Code section 412(c)(9).

Line 1b(1). - Current Value of Assets. - Enter the current value of assets as of the valuation date. The current value is the same as the fair market value. Do not adjust for items such as the existing credit balance or the outstanding balances of certain amortization bases. Contributions designated for 199X should not be included in this amount. Note that this entry may be different than the entry in line 2a. Such a difference may result, for example, if the valuation date is not the first day of the plan year, or if insurance contracts are excluded from assets reported on line 1b(1) but not on line 2a.

Assets that are not available to provide defined benefits under the plan, such as rollover amounts, other assets held in individual accounts, and assets held in Code section 401(h) accounts that are irrevocably committed to pay health benefits, should not be included on line 1(b)(1) regardless of whether they are reported on the Form 5500, Schedule FIN or FIN-SP, or the Form 5500-EZ. Additionally, asset and liability amounts must be determined in a consistent manner. Therefore, if the value of any insurance contracts has been excluded from the amount reported on line 1b(1), liabilities satisfied by such contracts should also be excluded from the liability values reported on lines 1c(1), 1c(2), 1d(2), and 1d(3).

Line 1b(2). - Actuarial Value of Assets. - Enter the value of assets determined in accordance with Code section 412(c)(2) or ERISA section 302(c)(2). Do not adjust for items such as the existing credit balance or the outstanding balances of certain amortization bases, and do not include contributions designated for 199X in this amount.

Line 1c(1). - Accrued Liability for Immediate Gain Methods. Complete this line only if you use an immediate gain method (see Rev. Rul. 81-213, 1981-2 C.B. 101, for a definition of immediate gain method).

Lines 1c(2)(a), (b), and (c). - Information for Plans Using Spread Gain Methods. - Complete these lines only if you use a spread gain method (see Rev. Rul. 81-213 for a definition of spread gain method).

Line 1c(2)(a). - Unfunded Liability for Methods with Bases. Complete this line only if you use the frozen initial liability or attained age normal cost

method.

Lines 1c(2)(b) and (c). - Entry Age Normal Accrued Liability and Normal Cost. - For spread gain methods, the full funding limitation is calculated using the entry age normal method (see Rev. Rul. 81-13, 1981-1 C.B. 229).

Line 1d(1). - Amount Excluded from Current Liability. - In computing current liability for purposes of Code section 412(l) (but not for purposes of Code section 412(c)(7)), certain service is disregarded under Code section 412(l)(7)(D) and ERISA section 302(d)(7)(D). If the plan has participants to whom those provisions apply, only a percentage of the years of service before such individuals became participants in the plan is taken into account. Enter the amount excluded from RPA '94 current liability. If an employer has made an election under Code section 412(l)(7)(D)(iv) not to disregard such service, enter zero. Note that such an election, once made, cannot be revoked without the consent of the Secretary of the Treasury.

Lines 1d(2)(a) and 1d(3)(a) - RPA '94 Current Liability and OBRA '87 Current Liability. - All plans regardless of the number of participants must provide the information indicated in accordance with these instructions. The interest rate used to compute the RPA '94 current liability must be in accordance with guidelines issued by the IRS, using the 90% to 10X% interest rate corridor of Code section 412(l)(7)(C)(i) for plan years beginning in 199X. The RPA '94 current liability must be computed using the 1983 G.A.M. mortality table for non-disabled lives published in Rev. Rul. 95-28, 1995-1 C.B. 74, and may be computed taking into account the mortality table for disabled lives published in Rev. Rul. 96-7, 1996-1 C.B. 59. The OBRA '87 current liability is the current liability as defined in Code section 412(l)(7), but computed without regard to the limitation on the interest rate and prescribed mortality tables provided in section 412(l)(7)(C) as enacted by RPA '94. See Q&A-9(1) of Rev. Rul. 96-21, 1996-1 C.B. 64, for the specific circumstances under which the OBRA '87 current liability interest rate may be different from the RPA '94 current liability interest rate. Each other actuarial assumption used in calculating the RPA '94 and OBRA '87 current liabilities must be the same assumptions used for calculating other costs for the funding standard account. See Notice 90-11, 1990-1 C.B. 319. The actuary must take into account rates of early retirement and the plan's early retirement and turnover provisions as they relate to benefits, where these would significantly affect the results. Regardless of the valuation date, RPA '94 and OBRA '87 current liabilities are computed taking into account only credited service through the end of the prior plan year. No salary

B



scale projections should be used in these computations. Do not include the expected increase in current liability due to benefits accruing during the plan year reported in lines 1d(2)(b) and 1d(3)(b) in these computations.

Lines 1d(2)(b) and 1d(3)(b). - Expected Increase in Current Liability. - Enter the amounts by which the RPA '94 and OBRA '87 current liabilities are expected to increase due to benefits accruing during the plan year on account of credited service and/or salary changes for the current year. One year's salary scale may be reflected.

Line 1d(2)(c). - Current Liability Computed at Highest Allowable Interest Rate. - Enter the current liability computed using the highest allowable interest rate. All other assumptions used should be identical to those used for lines 1d(2)(a) and (b). It is not necessary to complete line 1d(2)(c) if the plan is a multiemployer plan or if the plan had 100 or fewer participants in the prior plan year. Whether or not a plan had 100 or fewer participants in the prior plan year is determined in accordance with the instructions under **Who Must File** on page 1. This line need not be completed if the actuarial value of assets (line 1b(2)) divided by the RPA '94 current liability (line 1d(2)(a)) is greater than or equal to 90%. However, if this line is not completed, sufficient records should be retained so that the current liability amount that would otherwise have been entered on this line can be computed at a later time if required.

Lines 1d(2)(d) and 1d(3)(c). - Do not complete these lines if Code section 412(l) does not apply to the plan for this plan year under Code sections 412(l)(1), 412(l)(6), or 412(l)(9).

Line 1d(2)(d). - Expected Release from RPA '94 Current Liability for the Plan Year. - If applicable, enter the expected release from RPA '94 current liability on account of disbursements (including single sum distributions) from the plan expected to be paid after the valuation date but prior to the end of the plan year (see also Q&A-7 of Rev. Rul. 96-21). This line is applicable if the employer has elected the Transition Rule of Code section 412(l)(11) for the plan year.

Line 1d(3)(c). - Expected Release from OBRA '87 Current Liability for the Plan Year. - If applicable, enter the expected release from OBRA '87 current liability on account of disbursements (including single sum distributions) from the plan expected to be paid after the valuation date but prior to the end of the plan year (see also Q&A-7 of Rev. Rul. 96-21).

Line 1d(4). - Expected Plan Disbursements. - Enter the amount of plan disbursements expected to be

paid for the plan year (see also Q&A-8 of Rev. Rule 96-21 for plans for which the Transition Rule of section 412(l)(11) is elected).

Line 2. - All entries must be reported as of the beginning of the 199X plan year. Lines 2a and 2b should include all assets and liabilities under the plan except for assets and liabilities attributable to: (1) rollover amounts or other amounts in individual accounts which are not available to provide defined benefits, or (2) benefits for which an insurer has made an irrevocable commitment as defined in 29 CFR 4001.2.

Line 2a. - Current Value of Assets. - Enter the current value of net assets as of the first day of the plan year. Except for plans with excluded assets as described above, this entry should be the same as reported on the Form 5500 or Form 5500-EZ. Note that contributions designated for the 199X plan year are not included on those lines.

Line 2b. - RPA '94 Current Liability (beginning of year). - Enter the RPA '94 current liability as of the first day of the plan year. Do not include the expected increase in current liability due to benefits accruing during the plan year. See the instructions for lines 1d(2)(a) and 1d(3)(a) for actuarial assumptions used in determining RPA '94 current liability.

Column (1) - Enter the number of participants and beneficiaries as of the beginning of the plan year. If the current liability figures are derived from a valuation that follows the first day of the plan year, the participant and beneficiary count entries should be derived from the counts used in that valuation in a manner consistent with the derivation of the current liability reported in columns (2) and (3).

Column (2) - Include only the portion of the current liability attributable to vested benefits.

Column (3) - Include the current liability attributable to all benefits, both vested and nonvested.

Line 2c. - This calculation is required under ERISA section 103(d)(11). Do not complete if line 2a divided by line 2b(4), column (3), is 70% or greater.

Line 3. - Contributions Made to Plan. - Show all employer and employee contributions for the plan year. Include employer contributions made not later than 2 months (or the later date allowed under Code section 412(c)(10) and ERISA section 302(c)(10)) after the end of the plan year. Show only contributions actually made to the plan by the date Schedule B is signed. Certain employer contributions must be made in quarterly

installments; see Code section 412(m). Note that contributions that are made to meet the liquidity requirement of Code section 412(m)(5) should be reported.

Add the amounts in both columns (b) and (c) and enter both results on the total line. All contributions must be credited toward a particular plan year.

Line 4a. - Quarterly Contributions. - In accordance with RPA '94, only plans that have a funded current liability percentage (as provided in Rev. Rul. 95-31, 1995-1 C.B. 76) for the preceding plan year of less than 100 percent are subject to the quarterly contribution requirement of Code section 412(m) and ERISA section 302(e). For 1997, the funded current liability percentage for the preceding plan year is equal to line 1b(2) (actuarial value of assets) divided by line 1d(2)(a) (RPA '94 current liability), both lines as reported on the previous year's Schedule B (Q&A-3,4 and 5 of Rev. Rul. 95-31, also provide guidance on this computation).

Line 4b. - Multiemployer plans, plans with funded current liability percentages (as provided in Code section 412(m)(1)) of 100 percent or more for the preceding plan year, and plans that on every day of the preceding plan year had 100 or fewer participants (as defined under **Who Must File**) are not subject to the liquidity requirement of Code section 412(m)(5) and ERISA section 302(e)(5) and should not complete this line. See Q&A's 7 through 17 of Rev. Rul. 95-31 for guidance on the liquidity requirement. Note that a certification by the enrolled actuary must be attached if the special rule for nonrecurring circumstances is used (see Code section 412(m)(5)(E)(ii)(II) and Q&A-13 of Rev. Rul. 95-31).

If the plan has a liquidity shortfall for any quarter of the plan year (see Q&A-10 of Rev. Rul. 95-31), enter the amount of the liquidity shortfall for each such quarter. If the plan was subject to the liquidity requirement, but did not have a liquidity shortfall, enter zero. File Form 5330 with the IRS to pay the 10% excise tax(es) if there is a failure to pay the liquidity shortfall by the required due date, unless a waiver of the 10% tax under Code section 4971(f) has been granted.

Line 5. - Actuarial Cost Method. - Enter only the primary method used. If the plan uses one actuarial cost method in one year as the basis of establishing an accrued liability for use under the frozen initial liability method in subsequent years, answer as if the frozen initial liability method was used in all years. The projected unit credit method is included in the Accrued benefit (unit credit)

category of line 5c. If a method other than a method listed in lines 5a through 5g is used, check the box for line 5h and specify the method. For example, if a modified individual level premium method for which actuarial gains and losses are spread as a part of future normal cost is used, check the box for 5h and describe the cost method. For the shortfall method, check the appropriate box for the underlying actuarial cost method used to determine the annual computation charge.

Changes in funding methods include changes in actuarial cost method, changes in asset valuation method, and changes in the valuation date of plan costs and liabilities or of plan assets. Changes in the funding method of a plan include not only changes to the overall funding method used by the plan but also changes to each specific method of computation used in applying the overall method. Generally, these changes require IRS approval. If the change was made pursuant to Rev. Proc. 95-51, 1995-2 C.B. 430, check yes in line 5j. If approval was granted by either an individual ruling letter or a class ruling letter for this plan, enter the date of the applicable ruling letter in line 5k.

Line 6. - Actuarial Assumptions. - If gender-based assumptions are used in developing plan costs, enter those rates where appropriate in line 6. Note that requests for gender-based cost information do not suggest that gender-based benefits are legal. If unisex tables are used, enter the values in both Male and Female lines. Complete all blanks. Enter N/A if not applicable.

Attach a statement of actuarial assumptions (if not fully described by line 6), and actuarial methods used to calculate the figures shown in lines 1 and 9 (if not fully described by line 5).

Also attach a summary of the principal eligibility and benefit provisions on which the valuation was based, an identification of benefits not included in the valuation, a description of any significant events that occurred during the year, a summary of any changes in principal eligibility or benefit provisions since the last valuation, a description (or reasonably representative sample) of plan early retirement factors, and any change in actuarial assumptions or cost methods and justifications for any such change (see section 103(d) of ERISA).

Also, include any other information needed to fully and fairly disclose the actuarial position of the plan.

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Line 6a(1). - RPA '94 Current Liability Interest Rate. - Enter the interest rate used to determine RPA '94 current liability. For plan years beginning in 199X, the interest rate used must not fall outside the corridor of 90% to 10X% of the weighted average interest rate (see Code section 412(l)(7)(C)(i)). The rate used must be in accordance with the guidelines issued by the IRS. See Notice 90-11 and Rev. Rul. 96-21. Enter rate to the nearest .01 percent.

Line 6a(2). - OBRA '87 Current Liability Interest Rate. - Enter the interest rate used to determine OBRA '87 current liability. The interest rate used must not fall outside the corridor of 90% to 110% of the weighted average interest rate. The rate used must be in accordance with the guidelines issued by the IRS. See Notice 90-11 and Rev. Rul. 96-21. Enter rate to the nearest .01 percent.

Line 6b. - Weighted Average Retirement Age. - If each participant is assumed to retire at his/her normal retirement age, enter the age specified in the plan as normal retirement age. If the normal retirement age differs for individual participants, enter the age that is the weighted average normal retirement age; do not enter NRA. Otherwise, enter the assumed retirement age. If the valuation uses rates of retirement at various ages, enter the nearest whole age that is the weighted average retirement age. On an attachment to Schedule B, list the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Line 6c. - Check Yes, if the rates in the contract were used (e.g., purchase rates at retirement).

Line 6d. - Mortality Table. - The 1983 G.A.M. mortality table published in Rev. Rul. 95-28 must be used in the calculation of RPA '94 current liability for non-disabled lives. The 1983 G.A.M. mortality table published in Rev. Rul. 96-7 may be used in the calculation of RPA '94 current liability for disabled lives. Enter the mortality table code for non-disabled lives used for OBRA '87 current liability (see instructions for lines 1d(2)(a) and 1d(3)(a)) and for valuation purposes as follows:

Mortality Table	Code
1951 Group Annuity.....	1
1971 Group Annuity Mortality (G.A.M.).....	2
1971 Individual Annuity Mortality (I.A.M.).....	3
UP-1984.....	4
1983 I.A.M.....	5
1983 G.A.M.....	6
1983 G.A.M. (solely per Rev. Rul. 95-28).....	7
UP-1994.....	8
Other.....	9
None.....	0

Code 6 includes all sex-distinct versions of the 1983 G.A.M. table other than the table published in Rev. Rul. 95-28. Thus, for example, Code 6 also would include the 1983 G.A.M. male-only table used for males, where the 1983 G.A.M. male-only table with a 6-year setback is used for females. Code 9 includes mortality tables other than those listed in Codes 1 through 8, including any unisex version of the 1983 G.A.M. table including the table published by the Service in Rev. Rul. 95-6, 1995-1 C.B. 80.

Where an indicated table consists of separate tables for males and females, add F to the female table (e.g., 1F). When a projection is used with a table, follow the code with "P" and the year of projection (omit the year if the projection is unrelated to a single calendar year); the identity of the projection scale should be omitted. When an age setback or set forward is used, indicate with "-" or "+" and the number of years. For example, if for females the 1951 Group Annuity Table with Projection C to 1971 is used with a 5-year setback, enter "1P71-5." If the table is not one of those listed, enter "9" with no further notation. If the valuation assumes a maturity value to provide the post-retirement income without separately identifying the mortality, interest and expense elements, under "post-retirement," enter on line 6d the value of \$1.00 of monthly pension beginning at the age shown on line 6b, assuming the normal form of annuity for an unmarried person; in this case enter "N/A" on lines 6e and 6f.

Line 6e. - Valuation Liability Interest Rate. - Enter the assumption as to the expected interest rate (investment return) used to determine all the calculated values with the exception of current liability and liabilities determined under the alternative funding standard account (see instructions for line 8b). If the assumed rate varies with the year, enter the weighted average of the assumed rate for 20 years following the valuation date. Enter rates to the nearest .01 percent.

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Line 6f. - Expense Loading. - If there is no expense loading, enter -0-. For instance, there would be no expense loading attributable to investments if the rate of investment return on assets is adjusted to take investment expenses into account. If there is a single expense loading not separately identified as pre-retirement or post-retirement, enter it under pre-retirement and enter "N/A" under post-retirement. Where expenses are assumed other than as a percentage of plan costs or liabilities, enter the assumed pre-retirement expense as a percentage of the plan's normal cost, and enter the post-retirement expense as a percentage of plan liabilities. If the normal cost of the plan is zero, enter the assumed pre-retirement expense as a percentage of the sum of the lines 9c(1) and 9c(2), minus line 9j. Enter rates to the nearest .1 percent.

Line 6g. - Annual Withdrawal Rates. - Enter rates to the nearest .01 percent. Enter the rate assumed for a new entrant to the plan at the age shown. Enter "S" before the rate if that rate is different for participants with the same age but longer service. Enter "U" before the rate if all participants of that age are assumed to experience the same withdrawal rates, regardless of service. Enter "C" before the rate if criteria other than service apply to the rates used.

Line 6h. - Salary Scale. - If a uniform level annual rate of salary increase is used, enter that annual rate. Otherwise, enter the level annual rate of salary increase that is equivalent to the rate(s) of salary increase used. Enter the annual rate as a percentage to the nearest .01 percent, used for a participant from age 25 to assumed retirement age. If the plan's benefit formula is not related to compensation, enter N/A.

Line 6i. - Estimated Investment Return. - Enter the estimated rate of return on the actuarial value of plan assets for the 1-year period ending on the valuation date. For this purpose, the rate of return is determined by using the formula $2I/(A + B - I)$, where I is the dollar amount of the investment return under the asset valuation method used for the plan, A is the actuarial value of the assets one year ago, and B is the actuarial value of the assets on the current valuation date. Enter rates to the nearest .1 percent, with negative amounts in parentheses.

Note: Use the above formula even if the actuary feels that the result of using the formula does not represent the true estimated rate of return on the actuarial value of plan assets for the 1-year period ending on the valuation date. The actuary may attach a statement showing both the actuary's estimate of the rate of return and the actuary's

calculations of that rate.

Line 7. - New Amortization Bases Established. - List all new amortization bases established in the current plan year (prior to the combining of bases, if bases were combined). Use the following table to indicate the type of base established, and enter the appropriate code under "Type of Base." Put negative numbers (i.e., credit bases) in parentheses (e.g., (\$20,000)). List amortization bases and charges and/or credits as of the valuation date. Bases that are considered fully amortized because there is a credit for the plan year on line 9l(4) should be listed.

Code	Type of Amortization Base
1	Experience gain or loss
2	Shortfall gain or loss
3	Change in unfunded liability due to plan amendment
4	Change in unfunded liability due to change in actuarial assumptions
5	Change in unfunded liability due to change in actuarial cost method
6	Waiver of the minimum funding standard
7	Switchback from alternative funding standard account
8	Initial unfunded liability (for new plan)
9	150% current liability full funding limitation base

Line 8a. - Funding Waivers or Extensions. - If a funding waiver or extension request is approved after the Schedule B is filed, an amended Schedule B should be filed with Form 5500 to report the waiver or extension approval (also see instructions for line 9m(1)).

Line 8b. - Alternative Methods or Rules. - Enter the appropriate code from the table below if one or more of the alternative methods or rules were used for this plan year.

Code	Method or Rule
1	Shortfall method
2	Alternative funding standard account (AFSA)
3	Shortfall method used with AFSA
4	Plan is in reorganization status
5	Shortfall method used when in reorganization status

Shortfall Method: Only certain collectively bargained plans may elect the shortfall funding method (see regulations under Code section 412). Advance approval from the IRS for the election of the shortfall method of funding is NOT required if it is first adopted for the first plan year to which Code section 412 applies. However, advance approval

from the IRS is required if the shortfall funding method is adopted at a later time, if a specific computation method is changed, or if the shortfall method is discontinued.

Alternative Minimum Funding Standard Account:

A worksheet must be attached if the alternative minimum funding standard account is used.

The worksheet should show:

1. The prior year alternate funding deficiency (if any).
2. Normal cost.
3. Excess, if any, of the value of accrued benefits over the market value of assets.
4. Interest on 1, 2, and 3 above.
5. Employer contributions (total from columns (b)) of line 3 of Schedule B.
6. Interest on 5 above.
7. Funding deficiency: if the sum of 1 through 4 above is greater than the sum of 5 and 6 above, enter the difference.

If the entry age normal cost method was not used as the valuation method, the plan may not switch to the alternative minimum funding standard account for this year. Additionally, in line 3 of the worksheet, the value of accrued benefits should exclude benefits accrued for the current plan year. The market value of assets should be reduced by the amount of any contributions for the current plan year.

Reorganization Status: Attach an explanation of the basis for the determination that the plan is in reorganization for this plan year. Also, attach a worksheet showing for this plan year:

1. The amounts considered contributed by employers,
2. Any amount waived by the IRS,
3. The development of the minimum contribution requirement (taking into account the applicable overburden credit, cash-flow amount, contribution bases and limitation on required increases on the rate of employer contributions), and
4. The resulting accumulated funding deficiency, if any, that is to be reported on line 9p.

Line 8c. - All multiemployer plans check "No". Plans other than multiemployer plans check "Yes" only if the plan is covered by Title IV of ERISA. If line 8c is "Yes" attach a schedule of the active plan participant data used in the valuation for this plan year. Use the same size paper as the Schedule B and the format shown above and label the schedule "Line 8c Schedule of Active Participant Data."

Expand this schedule by adding columns after the

"5 to 9" column and before the "40 & up" column for active participants with total years of credited service in the following ranges: 10 to 14; 15 to 19; 20 to 24; 25 to 29; 30 to 34; and 35 to 39. For each column, enter the number of active participants with the specified number of years of credited service divided according to age group. For participants with partial years of credited service, round the total number of years of credited service to the next lower whole number.

Plans reporting 1,000 or more active participants on line 2b(3) must also provide average compensation data. For each grouping, enter the average compensation of the active participants in that group. For this purpose, compensation is the compensation taken into account for each participant under the plan's benefit formula, limited to the amount defined under Code section 401(a)(17). Years of credited service are the years credited under the plan's benefit formula. Do not enter the average compensation in any grouping that contains fewer than 20 participants.

If the plan is a multiple-employer plan, complete one or more schedules of active-participant data in a manner consistent with the computations for the funding requirements reported on line 9. See the specific instructions for **Lines 9a through 9q**. For example, if the funding requirements are computed as if each participating employer maintained a separate plan, attach a separate schedule for each participating employer in the multiple-employer plan.

Line 9. - Shortfall Method. - Under the shortfall method of funding, the normal cost in the funding standard account is the charge per unit of production (or per unit of service) multiplied by the actual number of units of production (or units of service) that occurred during the plan year. Each amortization installment in the funding standard account is similarly calculated.

Lines 9a through 9q. - Multiple Employer Plans. - If the plan is a multiple employer plan subject to the rules of Code section 413(c)(4)(A) for which minimum funding requirements are to be computed as if each employer were maintaining a separate plan, complete one Schedule B for the plan. Also submit an attachment completed in the same format as lines 9a through 9q showing, for this plan year, for each individual employer maintaining the plan, the development of the minimum contribution requirement (taking into account the applicable normal cost, amortization charges and credits, and all other applicable charges or credits to the funding standard account that would apply if the employer were maintaining a separate plan). Compute the entries on Schedule B, except for the entries on

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lines 9a, 9h, 9o, and 9p, as the sum of the appropriate individual amounts computed for each employer. Compute the entry on line 9a as the sum of the prior year's funding deficiency, if any, for each individual employer and the entry on line 9p as the sum of the separately computed funding deficiency, if any, for the current year for each employer. Credit balance amounts on lines 9h and line 9o are separately computed in the same manner. (Note that it is possible for the Schedule B to show both a funding deficiency and a credit balance for section 413(c) plans. This could not appear for other plans.)

Lines 9c and 9j. - Amortization Charges and Credits. - If there are any amortization charges or credits, attach a maintenance schedule of funding standard account bases. The attachment should clearly indicate the type of base (i.e., original unfunded liability, amendments, actuarial losses, etc.), the outstanding balance of each base, the number of years remaining in the amortization period, and the amortization amount. If bases were combined in the current year, the attachment should show information on bases both prior to and after the combining of bases. The outstanding balance and amortization charges and credits must be calculated as of the valuation date for the plan year.

Line 9c(1). - 150% Current Liability Full Funding Limitation Base. - If a credit was entered on line 9l(5) on the prior year's Schedule B, establish a new base equal to the amount of the credit (increased with interest to the current valuation date at the valuation rate) and amortize the base over a 10-year period at the valuation rate.

Line 9c(2). - Amortization for funding waivers must be based on the interest rate provided in Code section 412(d) ("mandated rate").

Line 9d. - Interest as Applicable. - Interest as applicable should be charged to the last day of the plan year. The mandated rates must be used when calculating interest on any amortization charges for funding waivers.

Line 9e. - If the funded current liability percentage for the preceding year reported in line 4a is at least 100%, quarterly contributions are not required for the current plan year. Interest is charged for the entire period of underpayment. Refer to IRS Notice 89-52, 1989-1 C.B. 692, for a description of how this amount is calculated.

Note: Notice 89-52 was issued prior to the amendment of section 412(m)(1) by the Revenue Reconciliation Act of 1989. Rather than using the rate in the Notice, the applicable interest rate for

this purpose is the greater of:

1. 175% of the Federal mid-term rate at the beginning of the plan year, or
2. The rate used to determine the "RPA '94" current liability.

All other descriptions of the additional interest charge contained in Notice 89-52 still apply.

Line 9f. - Enter the required additional funding charge from line 12u. Enter "N/A" if line 12 is not applicable.

Line 9h. - Note that the credit balance or funding deficiency at the end of "Year X" should be equal to the credit balance or funding deficiency at the beginning of "Year X + 1." If such credit balances or funding deficiencies are not equal, attach an explanation. For example, if the difference is because contributions for a prior year which were not previously reported are received this plan year, attach a listing of the amounts and dates of such contributions.

Line 9l(1). - ERISA Full Funding Limitation. - Instructions for this line are reserved pending published guidance.

Line 9l(2). - 150% Current Liability Full Funding Limitation. - Instructions for this line are reserved pending published guidance.

Line 9l(3). - RPA '94 Override. - Instructions for this line are reserved pending published guidance.

Line 9l(4). - Full Funding Credit before reflecting OBRA '87 Full Funding Limitation. - Enter the excess of (1) the accumulated funding deficiency, disregarding the credit balance and contributions for the current year, if any, over (2) the greater of lines 9l(1) or 9l(3).

Line 9l(5). - Additional Credit due to OBRA '87 Full Funding Limitation. - Enter (1) the excess, if any, of the accumulated funding deficiency, disregarding the credit balance and contributions for the current plan year, over the greater of lines 9l(2) or 9l(3), minus (2) the amount in line 9l(4). If the result is negative, enter zero.

Line 9m(1). - Waived Funding Deficiency Credit. - Enter a credit for a waived funding deficiency for the current plan year (Code section 412(b)(3)(C)). If a waiver of a funding deficiency is pending, report a funding deficiency. If the waiver is granted after Form 5500 is filed, file Form 5500, page one only with an amended Schedule B to report the funding waiver.

Line 9m(2). - Other Credits. - Enter a credit in the case of a plan for which the accumulated funding deficiency is determined under the funding standard

account if such plan year follows a plan year for which such deficiency was determined under the alternative minimum funding standard.

Line 9q. - Reconciliation Account. - The reconciliation account is made up of those components that upset the balance equation of Income Tax Regulations section 1.412(c)(3)-1(b). Valuation assets should not be adjusted by the reconciliation account balance when computing the required minimum funding.

Line 9q(1). - The accumulation of additional funding charges for prior plan years must be included. Enter the sum of line 9q(1) (increased with interest at the valuation rate to the first day of the current plan year) and line 9f, both from the prior year's Schedule B (Form 5500).

Line 9q(2). - The accumulation of additional interest charges due to late or unpaid quarterly installments for prior plan years must be included. Enter the sum of line 9q(2) (increased with interest at the valuation rate to the first day of the current plan year) and line 9e, both from the prior year's Schedule B (Form 5500).

Line 9q(3)(a). - If a waived funding deficiency is being amortized at an interest rate that differs from the valuation rate, enter the prior year's reconciliation waiver outstanding balance increased with interest at the valuation rate to the current valuation date and decreased by the year end amortization amount based on the mandated interest rate. Enter the amounts as of the valuation date.

Line 9q(4). - Enter the sum of lines 9q(1), 9q(2), and 9q(3)(b) (each adjusted with interest at the valuation rate to the current valuation date, if necessary).

Note: *The net outstanding balance of amortization charges and credits minus the prior year's credit balance minus the amount on line 9q(4) (each adjusted with interest at the valuation rate, if necessary) must equal the unfunded liability.*

Line 10. - Contribution Necessary to Avoid Deficiency. - Enter the amount from line 9p. However, if the alternative funding standard account is elected and the accumulated funding deficiency under that method is smaller than line 9p, enter such amount (also see instructions for line 8b). For multiemployer plans in reorganization, see the instructions for line 8b. File Form 5330 with the IRS to pay the 10% excise tax (5% in the case of a multiemployer plan) on the funding deficiency.

Line 11. - In accordance with ERISA section 103(d)(3), attach a justification for any change in actuarial assumptions for the current plan year. The preceding sentence applies for all plans. The following instructions are applicable only to changes in current liability assumptions for plans (other than multiemployer plans) subject to Title IV of ERISA which resulted in a decrease in the unfunded current liability (UCL). If the current liability assumptions (other than a change in the assumptions required under Code section 412(l)(7)(C)) were changed for the current plan year and such change resulted in a decrease in UCL, approval for such a change may be required. However, if one of the following three conditions is satisfied with respect to a change in assumptions for a plan year, then the plan sponsor is not required to obtain approval from the IRS for such change(s):

Condition 1: Aggregate Unfunded Vested Benefits

The aggregate unfunded vested benefits as of the close of the plan year preceding the year in which assumptions were changed (as determined under section 4006(a)(3)(E)(iii) of ERISA) for the plan, and all other plans maintained by contributing sponsors (as defined in section 4001(a)(13) of ERISA) and members of such sponsor's controlled group (as defined in section 4001(a)(14) of ERISA) which are covered by Title IV of ERISA (disregarding plans with no unfunded vested benefits) is less than or equal to \$50 million.

Condition 2: Amount of Decrease in UCL

The change in assumptions (other than a change required under Code section 412(l)(7)(C)) resulted in a decrease in the UCL of the plan for the plan year in which the assumptions were changed of less than or equal to \$5 million.

Condition 3: Amount of Decrease in UCL, and CL Before Change in Assumptions

Although the change in assumptions (other than a change required under Code section 412(l)(7)(C)) resulted in a decrease in the UCL of the plan for the plan year in which the assumptions were changed which was greater than \$5 million and less than or equal to \$50 million, the decrease was less than five percent of the current liability of the plan before such change.

If the current liability assumptions for the plan have been changed, and such change requires approval of the Service, enter on an attachment the date(s) of the ruling letter(s) granting approval.

If the current liability assumptions for the plan have been changed, and such change would have required approval in the absence of satisfaction of

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one of the conditions outlined above, enter on an attachment the number of the applicable condition and the plan year for which it applies. If condition 1 or 2 applies, also enter the amount of the decrease in UCL. Note that only one of the conditions needs to be entered.

Specific Instructions for Part II

Line 12. - Additional Required Funding Charge. - There is no additional funding charge for plans that have 100 or fewer participants in the prior plan year (as defined under **Who Must File**). Do not complete Part II for such plans.

Line 12a. - A plan's "Gateway %" is equal to the actuarial value of assets (line 1b(2), unreduced by any credit balance) divided by the current liability computed with the highest allowable interest rate (line 1d(2)(c)). If line 1d(2)(c) is not completed in accordance with instructions for that line, use RPA '94 current liability reported on line 1d(2)(a). There is no additional funding charge for plan years beginning in 1997 if the Gateway % is at least 90%. In such cases, enter -0- on line 12u. There is no additional funding charge for plan years beginning in 199X if (a) the Gateway % is at least 80% but less than 90%, and (b) the Gateway for the plan year beginning in 1995 was at least 90, and (c) for the plan year beginning in 1994, at least one of the following four conditions is met (in such case, enter -0- on line 12u):

Condition Code	Condition
1	The full funding limitation was equal to zero.
2	The plan had no additional funding requirement as defined in Code section 412(l).
3	The plan would have had no additional funding requirement as defined in Code section 412(l) if current liability were computed using the highest allowable current liability interest rate for such year, and without reducing the assets by the credit balance.
4	The plan's additional funding requirement did not exceed the lesser of (a) $\frac{1}{2}$ of 1% of current liability as reported in line 13a of the Schedule B of the applicable year, or (b) \$5,000,000.

Line 12c. - Enter the actuarial value of assets (line 1b(2)), reduced by the prior year's credit balance (line 9h). If line 9h was determined at a date other than the valuation date, adjust the credit balance for interest at the valuation rate to the current valuation date before subtracting. Do not add a prior year's funding deficiency to the assets.

Line 12d. - Current Liability Percentage. - Enter the actuarial value of the assets expressed as a percentage of RPA '94 current liability. Enter the result to the nearest .01% (e.g., 28.72%).

Line 12f. - Enter the liability for any unpredictable contingent event (other than events that occurred before the first plan year beginning after 1988) that was included in line 12b, whether or not such unpredictable contingent event has occurred.

Line 12g. - Enter the outstanding balance of the unfunded old liability as of the valuation date. The unfunded old liability for 1996 includes the DRC base, if any, established by a plan for the 1995 plan year. The unfunded old liability (and therefore all its components) will be considered fully amortized in accordance with Q&A-7 of Rev. Rul. 96-20, 1996-1 C.B. 62.

Note: *In the case of a collectively bargained plan, this amount must be increased by the unamortized portion of any unfunded existing benefit increase liability in accordance with Code section 412(l)(3)(C).*

Line 12h. - This amount is the unfunded new liability. It is recomputed each year. If a negative result is obtained, enter zero.

Line 12i. - If the unfunded new liability is zero, enter zero for the unfunded new liability amount. If the unfunded new liability is greater than zero, first calculate the amortization percentage as follows:

If the funded current liability percentage (line 12d) is less than or equal to 60%, the amortization percentage is 30%.

If the current liability percentage exceeds 60%, the amortization percentage is determined by reducing 30% by the product of 40% and the amount of such excess. Enter the resulting amortization percentage to the nearest 0.01 percent.

The unfunded new liability amount is equal to the above-calculated percentage of the unfunded new liability.

Line 12j. - Enter the amortization amount for line 12g based on the RPA '94 current liability interest rate (line 6a(1)) in effect for the plan year and the following amortization period:

Special rule: *In the case of a collectively bargained plan, the amortization amount must be increased by the amortization of any unfunded existing benefit increase liability in accordance with Code section 412(l)(3)(C)(ii). For any such amortization, the amortization period is equal to the remainder of the*

original 18-year period that applied when the amortization began.

Base maintenance: On a separate attachment, show the initial amount of each DRC amortization base (as defined in Rev. Rul. 96-20) being amortized under the general or special rule, the outstanding balance of each DRC amortization base, the number of years remaining in the amortization period, and the amortization amount (with the valuation date as the due date of the amortization amount). It is not necessary to separately list the unfunded old liability base and the additional unfunded old liability base. Do not enter base maintenance required for line 13 here. See instructions for line 13(i) only if applicable.

Line 12l. - Enter the result determined by subtracting the amortization credits (line 9j) from the sum of the normal cost and the amortization charges (lines 9b, 9c(1) and 9c(2)). Use the valuation date as the due date for the amortization amounts. A negative result should be entered in parentheses.

Note: Any amortization installments established under Code section 412(b) for plan years beginning after December 31, 1987, and before January 1, 1993, by reason of nonelective changes under the frozen initial liability method shall not be included in the calculation of the offset for the first 5 plan years beginning after December 31, 1994.

Line 12m. - Unpredictable Contingent Event Amount. - Line 12m does not apply to the unpredictable contingent event benefits (and related liabilities) for an event that occurred before the first plan year beginning after December 31, 1988.

Line 12m(1). - Enter the total of all benefits paid during the plan year that were paid solely because an unpredictable event occurred.

Line 12m(5). - Amortization of All Unpredictable Contingent Event Liabilities. - Amortization should be based on the RPA '94 current liability interest rate (line 6a(1)), using the valuation date as the due date. The initial amortization period for each base established in a plan year is generally 7 years; however, see Code section 412(l)(5) for special rules.

Note: An alternative calculation of an unpredictable contingent amount is available for the first year of amortization. Refer to Code section 412(l)(5)(D) for a description. If this alternative calculation is used, include an attachment describing the calculation.

Line 12m(6). - RPA '94 Additional Amount. - Subtract line 12g from line 12e. If the result is zero or less than zero, enter -0-. If the result is a positive number, multiply the result by the percentage used to calculate line 12i. Enter the excess, if any, of this amount over the amount on line 12i.

Line 12n. - Preliminary charge. - Adjust with interest using the RPA '94 current liability interest rate.

Line 12o. - Contributions needed to increase current liability percentage to 100. - This amount is calculated in the same manner as the target amount except that 100 percent is substituted for the target percentage (see Announcement 96-18, 1996-15 I.R.B. 15). Instructions for computing the target amount are provided at line 14c.

Lines 12q, 12r, and 12s. - Complete only the one applicable line.

Line 12u. - If the plan had 150 or more participants on each day of the preceding plan year, enter 100%. If the plan had less than 150 participants but more than 100 participants on each day of the preceding plan year, enter the applicable percentage. The same participant aggregation rule described in the instructions for line 12 applies. The applicable percentage is calculated as follows: (1) Determine the greatest number of participants on any day during the preceding plan year in excess of 100. (2) The applicable percentage is 2% times the number of such participants in excess of 100. The percentage should not exceed 100%. The amount on line 12u is also the amount entered on line 9f.

Line 13. - Additional Funding Charge under Prior Law (for Use with the Optional and/or Transition Rules). - The line is completed if the plan sponsor elected in 1995 to use the Optional rule under Code section 412(l)(3)(E) or is using the Transition rule under Code section 412(l)(11) in 199X. Do not complete line 13 for plans that are not subject to section 412(l) in 199X (i.e., plans that entered zero on line 12u immediately after completing the Gateway in line 12a). All calculations in line 13 must be done using the law pertaining to the additional funding charge as it existed prior to RPA '94 (see Q&A-9 of Rev. Rul. 96-21).

Line 13a. - Enter the OBRA '87 current liability as of the valuation date.

Line 13b. - Enter the actuarial value of assets (line 1b(2)), reduced by the prior year's credit balance (line 9h). If line 9h was determined at a date other than the valuation date, adjust the credit balance for interest at the valuation rate to the current

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valuation date before subtracting. Do not add a prior year's funding deficiency to the assets.

Line 13c. - Enter the adjusted actuarial value of assets expressed as a percentage of current liability. Round off to two decimal places (e.g., 59.41%).

Line 13e. - Enter the outstanding balance of the unfunded old liability as of the valuation date. To compute the outstanding balance, lines 13e and 13i from the previous year's Schedule B should be used.

Line 13f. - Enter the liability for any unpredictable contingent event benefit that was included on line 13a, whether or not such event has occurred.

Line 13g. - This amount is the unfunded new liability. It will be recalculated each year. If the result is negative, enter -0-.

Line 13h. - If the unfunded new liability is zero, enter -0- for the unfunded new liability amount. If the unfunded new liability is greater than zero, first calculate the amortization percentage as follows:

1. If the funded current liability percentage (line 13c) is less than or equal to 35%, the amortization percentage is 30%.

2. If the funded current liability percentage exceeds 35%, the amortization percentage is determined by reducing 30% by the product of 25% and the amount of such excess. Enter the resulting amortization percentage to the nearest 0.01 percent.

The unfunded new liability amount is equal to the above-calculated percentage of the unfunded new liability.

Line 13i. - Enter the amortization of the outstanding balance of the unfunded old liability as of the valuation date (line 13e). In the case of a collectively bargained plan, the unfunded old liability amount to enter on line 13i must include the amortization of any unfunded existing benefit increase liability calculated in accordance with Code section 412(l)(3)(C)(ii). On a separate attachment, show the breakdown of the various liabilities being amortized, the outstanding balance of each liability, the number of years remaining in the amortization period, and the amortization amount. Any such amortization amount must be determined based on:

1. The OBRA '87 current liability interest rate in effect at the beginning of the plan year, and
2. The valuation date as the due date of the amortization payment.

The amortization period must be the remainder of the original 18-year period that applied when the amortization began.

Any such amortization amount must be redetermined each year based on the outstanding balance (line 13e). If the plan becomes fully funded on a current liability basis, the unfunded old liability (including any liability arising from collectively bargained plans) will be considered fully amortized (see Q&A-7 of Rev. Rul. 96-20).

Line 13j. - Deficit Reduction Contribution. - Enter the sum of lines 13h and 13i. This amount is the deficit reduction contribution at the valuation date.

Line 13k. - When entering the net amortization amounts for certain bases include only charges (included on line 9c) and credits (included on line 9j) attributable to original unfunded liability, amendments, funding waivers, and charges resulting from a switchback from the alternative minimum account to the funding standard account.

If a base resulted from combining and/or offsetting pre-existing bases among which were bases not designated in the preceding paragraph, and such base was not uncombined in 1989 in accordance with Announcement 90-87, 1990-30 I.R.B. 23, then such resulting base may not be included in this line 13k.

Line 13l. - Line 13l does not apply to the unpredictable contingent event benefits (and the attributable liabilities) for an event that occurred before the first plan year beginning after December 31, 1988.

Line 13l(1). - Enter the total of all benefits paid during the plan year which were paid solely because the unpredictable contingent event occurred.

Line 13l(5). - Amortization should be based on the OBRA '87 current liability interest rate and should assume beginning of the year payments for a 7-year period.

Note: *Alternative calculation of an unpredictable contingent event amount is available for the first year of amortization. Refer to Code section 412(l)(5)(D) for a description. If this alternative calculation is used, include an attachment describing the calculation.*

Line 13p. - Enter the applicable amount of interest, based on the OBRA '87 current liability interest rate, to bring the additional funding charge (line 13o) to the end of the plan year.

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Line 14. - Transition Rule. - The Transition rule of Code section 412(l)(11) provides an alternative method of computing the additional required funding charge. The rule may be elected by the employer as part of Form 5500 in any year up to the year 2001. The charge for a year is the amount necessary to increase the funded current liability percentage to the target percentage preset for that year, with adjustments to meet the two following conditions: (1) the charge must not be less than the additional funding charge under the law as it existed prior to RPA '94, and (2) in any event, the charge under the Transition rule must not be greater than the charge under present law (ignoring the effect of the Transition rule).

The Transition rule of Code section 412(l)(11) may only be elected by the employer sponsoring an eligible plan (see Q&A-2 of Rev. Rul. 96-21).

Note: *In accordance with Q&A-2 of Rev. Rul. 96-21, a plan that was not in existence in 1995 is not eligible to use the Transition rule.*

Line 14b. - Transition Rule Target Percentage. - If the initial funded current liability percentage, line 14a, is X% or less, enter the sum of line 14a and X. If line 14a is less than or equal to X% and greater than X, enter the sum of (1) X of line 14a, and (2) X. If line 14a is less than X and greater than X, enter the sum of (1) X of line 14a, and (2) X. If line 14a is less than X and greater than or equal to X, enter the sum of (1) X of line 14a, and (2) X. If line 14a is greater than or equal to X, enter the sum of line 14a and X.

Line 14c. - Target Amount. - The target amount is the additional amount necessary to increase the funded current liability percentage to the target percentage of line 14b. The target amount is equal to the excess, if any, of the product of line 14b and the adjusted current liability, over the adjusted assets. The adjusted current liability is computed in accordance with Q&A-7 of Rev. Rul. 96-21, and is equal to the excess of (1) the sum of lines 1d(2)(a) and 1d(2)(b), over (2) line 1d(2)(d), each adjusted to the end of the plan year using the RPA '94 current liability interest rate. The adjusted assets are computed in accordance with Q&A-8 of Rev. Rul. 96-21.

Department of Labor
Pension and Welfare
Benefits Administration

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Instructions for Schedule C (Form 5500)

Service Provider Information

"ERISA" refers to the Employee Retirement Income Security Act of 1974.

General Instructions

The Schedule C (Form 5500) is required to be attached to the Form 5500 for certain plans required to attach the *Schedule FIN* to the Form 5500, MTIAs, 103-12IEs, and GIAs to report information concerning service providers.

Check the appropriate box on Part II, line 8 of the Form 5500 if a Schedule C is attached.

Specific Instructions

Lines A, B, C and D. - This information should be the same as reported in Part II of the Form 5500 to which this Schedule C is attached.

Part I - Service Provider Information

Complete Part I of the Schedule C (Form 5500), to report the top 40 most highly compensated persons receiving, directly or indirectly, \$5,000 or more in compensation for services rendered to the plan during the year except:

1. Employees of the plan whose only compensation in relation to the plan was less than \$1,000 for each month of employment during the plan year;
2. Employees of the plan sponsor who received no direct or indirect compensation from the plan;
3. Employees of a business entity (e.g., corporation, partnership, etc.), other than the plan sponsor, who provided services to the plan; or
4. Persons whose only compensation in relation to the plan consists of insurance fees and compensation listed in a Schedule A attached to this Form 5500.

Generally, indirect compensation would not include compensation that would have been received had the service not been rendered and that cannot be reasonably allocated to the services performed. Indirect compensation includes, among other

things, payment of "finder's fees" or other fees and commissions by a service provider to an independent agent or employee for a transaction or service involving the plan.

Note: *The compensation listed should only reflect the amount of compensation received by the service provider from the plan or DFE filing the Form 5500, not the aggregate amount received for providing services to several plans or DFEs.*

If this Schedule C is attached to a Form 5500 filed for a plan, do not include service providers whose compensation is reported on a Schedule C attached to a DFE Form 5500.

Line 1. - Enter the total dollar amount of compensation received by all persons who provided services to the plan who are not listed in item 2 (except for those persons described in 2, 3, or 4 above.)

Example: A plan had service providers, A, B, C, and D, who received \$12,000, \$6,000, \$4,500, and \$430, respectively, from the plan. Service providers A and B must be identified on separate lines in line 2 by name, EIN, official plan position, etc. As service providers C and D each received less than \$5,000, the amount they received must be combined and \$4,930 entered in line 1.

Line 2. - On row (1) include the contract administrator, if any. A contract administrator is any individual, trade or business (whether incorporated or unincorporated) responsible for managing the clerical operations of the plan on a contractual basis (e.g., handling membership rosters, claims payment, maintaining books and records), except for salaried staff or employees of the plan or banks or insurance carriers. On the remaining rows ((2) through (40)) list the top 39 most highly compensated persons who provided services to the plan, starting with the most highly compensated and ending with the lowest compensated.

Column (b).-- An EIN must be entered in column (b). If an individual is listed in column (a), the EIN to be entered in column (b) should be the EIN of the individual's employer.

Column (c).-- For example, employees, trustee, accountant, attorney, etc.

Column (d).-- For example, employee, vice-president, union president, etc.

Column (e) and (f).-- Include the plan's share of amounts of compensation for services paid during the year to a master trust investment account or 103-12 IE trustee, and to persons providing services to the master trust investment account or 103-12 IE, if such compensation is not subtracted from the gross income of the MTIA or 103-12 IE in determining the net investment gain (or loss). Amounts of compensation subtracted from gross income in determining the net investment gain (or loss) of the MTIA or 103-12 IE must be included as part of the report of the MTIA or 103-12 IE.

Include brokerage commissions or fees only if the broker is granted some discretion (see 29 CFR 2510.3-21 paragraph (d), regarding "discretion"). Include all other commissions and fees on investments.

Column (g).-- Select the code that best describes the nature of services provided, and enter the number. If more than one service was provided, enter only the code of the primary service.

Code	Service
10	Accounting (including auditing)
11	Actuarial
12	Contract administrator
13	Administration
14	Brokerage (real estate)
15	Brokerage (stocks, bonds, commodities)
16	Computing, tabulating, ADP, etc.
17	Consulting (general)
18	Custodial (securities)
19	Insurance agents and brokers
20	Investment advisory
21	Investment management
22	Legal
23	Printing and duplicating
24	Recordkeeping
25	Trustee (individual)
26	Trustee (corporate)
27	Pension insurance adviser
28	Valuation services (appraisals, etc.)
29	Investment evaluations
30	Medical
31	Legal services to participants
99	Other (specify)

Note: Do not list PBGC or IRS as a service provider on Part I of Schedule C.

Part II - Termination Information on Accountants and Enrolled Actuaries

An explanation of the reasons for the termination of an accountant or enrolled actuary must be provided in Part II. Include a description of any material disputes or matters of disagreement concerning the termination, even if resolved prior to the termination. If an individual is listed, the EIN to be entered should be the EIN of the individual's employer. The plan administrator must also provide the terminated accountant or enrolled actuary with a copy of the explanation for the termination provided in Part II of the Schedule C, with a completed copy of the notice below:

Model Notice To Terminated Accountant Or Enrolled Actuary

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 199X Annual Return/Report Form 5500 for the _____ (enter name of plan).

This Form 5500 is identified in line 2b by the nine-digit EIN _____ (enter sponsor's EIN), and in line 1b by the three-digit PN _____ (enter plan number).

Signed

Dated

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to: Office of Enforcement, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Department of Labor
Pension and Welfare
Benefits Administration

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Instructions for Schedule D (Form 5500)

DFE/Participating Plan Information

General Instructions

Who Must File

The Schedule D must be attached to a Form 5500 filed for an employee benefit plan that participated in one or more master trust investment accounts (MTIAs), common/collective trusts (CCTs), pooled separate accounts (PSAs), or 103-12 IEs at any time during the plan year. The Schedule D must be attached to a Form 5500 filed for a DFE.

More than one Schedule D may be required to be attached to the Form 5500 in order to list all participating plans and/or DFEs. Enter on Part II, line 8 of the Form 5500 the total number of Schedules D attached.

Purpose of Schedule

The Schedule D attached to a plan's Form 5500 reports information about a plan's participation in DFEs, CCTs and PSAs. The Schedule D attached to a DFE's Form 5500 reports information about plans that participated in a DFE, and any CCTs, PSAs, and/or 103-12 IEs that were investments of the DFE for which this Schedule D (Form 5500) is being filed.

Specific Instructions

Lines A, B, C and D. - This information entered on these lines should be the same as the information entered on Part II, lines 1a, 1b, 2a, and 2b, respectively, on the Form 5500 to which this Schedule D is attached.

Column (a) - List the name of each MTIA, CCT, PSA, and 103-12 IE that the plan participated in at any time during the plan year if the Schedule D is attached to a Form 5500 filed for an employee benefit plan.

List the name of each plan that participated in the DFE, and the name of each CCT, PSA, and/or 103-12 IE that this DFE invested in at any time during the DFE year if the Schedule D is attached to a Form 5500 filed for a DFE.

Enter only one plan or DFE on any line.

Column (b) - Enter the sponsor of the plan, DFE, CCT or PSA named in column (a).

Column (c) - Enter the nine-digit EIN and the three-digit plan number reported on lines 2b and 1b of the Form 5500 filed for the plan or DFE named in column (a). If a plan or DFE invested in a CCT or PSA for which a Form 5500 was not filed, list the CCT or PSA, enter the EIN, and assign plan number 999. *Do not use 999 as a plan number for any other purpose.*

Column (d) - Enter one of the following letters to identify the type of MTIA, CCT, PSA, or 103-12 IE listed. If a plan is listed on the line, leave blank.

On each line that lists a ▼	Enter this letter in column (d) ▼
MTIA	M
CCT	C
PSA	P
103-12 IE	E

Column (e) - Enter on each line under column (e) the dollar interest of the plan or DFE named on line A as of the end of the plan or DFE year in each MTIA, CCT, PSA, or 103-12 IE listed on that line in column (a).

Examples: If an MTIA is named on the first line in column (a), the name of the MTIA sponsor should be listed in column (b), the nine-digit number EIN and the three digit PN used on the MTIA's Form 5500 should be entered in column (c), such as: 123456789-801; an "M" should be entered in column (d); and the dollar value of the plan's interest in the MTIA should be entered in column (e).

If a CCT for which a Form 5500 was not filed is named on the second line under column (a), the name of the sponsoring financial institution should be entered in column (b); the nine-digit number EIN for the CCT followed by 999 should be entered on the second line under column (c), such as: 123456789-999; a "C" should be entered in column (d); and the dollar value of the plan or DFE's interest in the CCT should be entered in column (e).

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Instructions for Schedule E (Form 5500)

ESOP Annual Information

"Code" refers to the Internal Revenue Code.

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General Instructions

Purpose of Form

Use this schedule to satisfy the requirements under Code section 6047(e) for an annual information return for an employee stock ownership plan (ESOP).

Who Must File

Every employer or plan administrator of a pension benefit plan that contains ESOP benefits must file a Schedule E (Form 5500).

How To File

File Schedule E (Form 5500) annually as an attachment to Form 5500 or 5500-EZ.

Check the appropriate box on Part II, line 8 of the Form 5500 if a Schedule E is attached.

Note: *The Small Business Job Protection Act repealed the partial interest exclusion of Code section 133 effective, in general, with respect to loans made after August 20, 1996. However, Schedule E (Form 5500) must be filed for securities acquisition loans made to ESOPs before August 21, 1996, loans made pursuant to a written binding contract in effect before June 10, 1996, and at all times thereafter before the loan was made, and certain loans made after August 20, 1996, to refinance a securities acquisition loan originally made on or before August 20, 1996.*

Specific Instructions

Lines A, B, C and D. - This information should be the same as reported in Part II of the Form 5500 to which this Schedule E is attached.

Lines 6 through 11.--A "securities acquisition loan" is an exempt loan to an ESOP to the extent that the proceeds are used to acquire employer securities for the plan.

Line 6.--A "back to back loan" is a securities acquisition loan from a lender to an employer corporation followed by a loan from the corporation to the ESOP maintained by the employer corporation. A "back to back loan" constitutes a "securities acquisition loan" under Code section 133 if the following requirements are satisfied:

1. The loan from the employer corporation to the ESOP qualifies as an exempt loan under Excise Tax Regulations sections 54.4975-7 and 54.4975-11;

2. The repayment terms of the loan from the corporation to the ESOP are "substantially similar" (as defined in Temporary Income Tax Regulations section 1.133-1T) to the repayment terms of the loan from the corporation to the lender; and

3. If the loan from the corporation to the ESOP provides for more rapid repayment of principal and interest, the allocations under the ESOP attributable to such repayments do not discriminate in favor of highly compensated employees (within the meaning of Code section 414(q)).

Line 7.--An immediate allocation loan is any loan to an employer corporation to the extent that, within 30 days, employer securities are transferred to the ESOP maintained by the corporation in an amount equal to the proceeds of the loan and the securities are allocable to the accounts of plan participants within one year of the date of the loan. (See Code section 133(b)(1)(B).)

class of common stock during the plan year over the average value of the class of common stock during the plan year. In determining the dividend rate for a class of preferred stock, use the dividend rate stated in the terms of the stock, or if a dividend rate is not stated, use the percentage of the average dividends paid on the class of preferred stock during the plan year over the par value of the class of preferred stock.

Line 8c.-- The transition rules of Act section 7301(f)(2) through (6) of the Omnibus Budget Reconciliation Act of 1989 (OBRA), P.L. 101-239, provide that the amendments made to Code section 133 by OBRA will not apply to certain loans that satisfy the requirements of those paragraphs. In general, the amendments made by OBRA will not apply to:

1. Loans made pursuant to a binding written commitment in effect on June 6, 1989, and at all times thereafter before the loan was made, or pursuant to a written binding contract (or tender offer registered with the Securities and Exchange Commission (SEC)) in effect on June 6, 1989, and at all times thereafter before such securities were acquired.

2. If subparagraph 1 does not apply, loans made pursuant to a binding written commitment in effect on July 10, 1989, and at all times thereafter before the loan was made, but only to the extent that the proceeds were used to acquire employer securities pursuant to a certain binding written contract (or tender offer registered with the SEC) in effect on July 10, 1989, and at all times thereafter before the securities are acquired.

3. Any loan made on or before July 10, 1992, pursuant to a written agreement entered into before July 10, 1989, if the agreement evidences the intent of the borrower to enter, on a periodic basis, into securities acquisition loans described in Code section 133(b)(1)(B) (as in effect before December 19, 1989). This rule applies only if one or more securities acquisition loans were made to the borrower on or before July 10, 1989.

See Act section 7301(f)(2) to determine the specific requirements of the transition rules described above. See Act section 7301(f)(3) through (6) for additional transition rules on refinancings, collective-bargaining agreements, filings with the United States, and the 30% test for certain loans.

Line 9.-- If the loan is a back to back loan or an immediate allocation loan, enter the amount of interest paid by the employer corporation to the lender(s) during the plan year.

Line 15, column (d).-- In determining the dividend rate for a class of common stock, use the percentage of the average dividends paid on the



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Instructions for Schedule F (Form 5500) Fringe Benefit Plan Annual Information Return

"Code" refers to the Internal Revenue Code.

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General Instructions

The Small Business Job Protection Act of 1996 retroactively extends Code section 127, which had previously expired on December 31, 1994. The exclusion will expire again for taxable years beginning after May 31, 1997. Also, for taxable years beginning in 1997, the exclusion allowed by Code section 127 will not be applicable to any course beginning after June 30, 1997. The educational assistance exclusion is not applicable to graduate level courses starting after June 30, 1996. See section 5 of Pub.15-A for more information. Employers who have questions about the retroactive extension of this provision, including how to file for a refund for any 1995 or 1996 overpaid social security, medicare, and unemployment taxes can call 1-800-829-1040 for assistance. Also get **Circular E**, Employer's Tax Guide, for additional information.

Check the appropriate box on Part II, line 8 of the Form 5500 if a Schedule F is attached.

Purpose of Form

File Schedule F for the following fringe benefit plans: (a) a cafeteria plan described in Code section 125, or (b) an educational assistance program described in Code section 127.

Note: *Do not file Schedule F for an educational assistance program that provides only job-related training deductible as an ordinary and necessary business expense under Code section 162.*

Specific Instructions

Lines A, B, C and D. - This information should be the same as reported in Part II of the Form 5500 to which this Schedule F is attached.

The annual information return of a fringe benefit plan (to satisfy the requirements of Code section

6039D) consists of completing Form 5500, Part I, boxes A, B and D, Part II, lines 1 through 3, 5, 6 (check box c), and 8, and attach Schedule F.

Do not file any other schedules if the Form 5500 is being filed **only** for the fringe benefit plan. You may file a single Form 5500 for a fringe benefit plan and an associated welfare plan by completing all information required for the welfare plan, checking box 6c, and attaching the Schedule F.

Line 4. For purposes of Code section 6039d, fringe benefit plan "participant" means any individual who, for a plan year, has had at least \$1 excluded from income by reason of Code section 125 or 127.

Line 5. The total cost of the fringe benefit plan includes:

1. The amount employees elect to have an employer contribute to provide for the benefits under the plan. For a Code section 125 cafeteria plan, enter the amount of the salary reductions and other employer contributions. Do not subtract benefits paid out from the plan and amounts forfeited.

2. Administrative expenses including any legal, accounting, or consulting fees attributable to the plan, whether paid directly by the employer or through the plan. Overhead expenses such as utilities and photocopying costs are not to be included for this reporting purpose.

Line 6. Complete this line if the Form 5500 is filed for a fringe benefit plan that terminated during this plan year.

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Pension Benefit
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Instructions for Schedule FIN (Form 5500) Financial Information for Large Plans and DFEs

"ERISA" refers to the Employee Retirement Income Security Act of 1974.

"Code" refers to the Internal Revenue Code.

General Instructions

Who Must File

The Schedule FIN (Form 5500) must be attached to a Form 5500 filed for pension benefit plans and welfare benefit plans that covered 100 or more participants as of the beginning of the plan year.

The Schedule FIN must also be attached to a Form 5500 filed for DFEs (CCTs, PSAs, MTIAs, 103-12s, and GIAs). See the instructions for **Direct Filing Entities (DFEs)** on page X of the Form 5500 instructions.

Exceptions: Certain insured, unfunded or combination unfunded/insured welfare plans and fully insured pension plans are exempt from completing the Schedule FIN. In addition, if a Form 5500-C/R was filed for the plan for the prior plan year and the plan covered fewer than 121 participants as of the beginning of the plan year, the Schedule FIN-SP may be completed instead of a Schedule FIN. See the Form 5500 instructions for **Lines and Schedules To Complete** on page Y for more information.

Check the appropriate box on Part II, line 8 of the Form 5500 if a Schedule FIN is attached.

Specific Instructions

Lines A, B, C and D. - This information should be the same as reported in Part II of the Form 5500 to which this Schedule FIN is attached.

Use either the cash, modified cash, or accrual basis for recognition of transactions in Parts 1 and 2, as long as you use one method consistently. Round off all amounts reported on the Schedule

FIN to the nearest dollar. Any other amounts are subject to rejection. Check all subtotals and totals carefully.

Caution: Do not mark through the printed line descriptions and insert your own description as this may cause additional correspondence due to a computerized review of the Schedule FIN.

If the assets of two or more plans are maintained in one fund other than a DFE, such as when an employer has two plans that are funded through a single trust, complete Parts 1 and 2 by entering the plan's allocable part of each line item. If assets of one plan are maintained in two or more trust funds, report the combined financial information in Parts 1 and 2.

Current value means fair market value where available. Otherwise, it means the fair value as determined in good faith under the terms of the plan by a trustee or a named fiduciary, assuming an orderly liquidation at time of the determination. See ERISA section 3(26).

Part I - Asset and Liability Statement

Columns (a) and (b) - Enter the current value on each line as of the beginning and end of the plan year.

Note: Amounts reported in column (a) must be the same as reported for the end of the plan year for corresponding line items on the 1997 return/report for the plan. Do not include contributions designated for the 199X plan year in column (a).

Line 1a.- Total noninterest bearing cash includes, among other things, cash on hand or cash in a noninterest bearing checking account.

Line 1b(1).- Noncash basis filers should include contributions due the plan by the employer but not yet paid. Do not include other amounts due from

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the employer such as the reimbursement of an expense or the repayment of a loan.

Line 1b(2).- Noncash basis filers should include contributions withheld by the employer from participants and amounts due directly from participants that have not yet been received by the plan. Do not include the repayment of participant loans.

Line 1b(3).- Noncash basis filers should include amounts due to the plan which are not includable in lines 1b(1) or 1b(2). These amounts may include investment income earned but not yet received by the plan and other amounts due to the plan such as amounts due from the employer or another plan for expense reimbursement or from a participant for the repayment of an overpayment of benefits.

Line 1c(1).- Include all assets that earn interest in a financial institution account such as interest bearing checking accounts, passbook savings accounts, or in a money market accounts.

Line 1c(2).- Include securities issued or guaranteed by the U.S. Government or its designated agencies such as U.S. Savings Bonds, Treasury bonds, Treasury bills, FNMA, and GNMA.

Line 1c(3).- Include investment securities (other than employer securities defined in 1d(1) below) issued by a corporate entity at a stated interest rate repayable on a particular future date such as most bonds, debentures, convertible debentures, commercial paper and zero coupon bonds. Short-term corporate debt instruments mature in less than one year from date of issue. Do not include debt securities of governmental units that should be reported on line 1c(2) or 1c(15).

Line 1c(4)(A).- Include stock issued by corporations (other than employer securities defined in 1d below) which is accompanied by preferential rights such as the right to share in distributions of earnings at a higher rate or has general priority over the common stock of the same entity. Include the value of warrants convertible into preferred stock.

Line 1c(4)(B).- Include any stock (other than employer securities defined in 1d below) that represents regular ownership of the corporation and is not accompanied by preferential rights plus the value of warrants convertible into common stock.

Line 1c(5).- Include the value of the plan's participation in a partnership or joint venture if the underlying assets of the partnership or joint

venture are not considered to be plan assets under 29 CFR 2510.3-101. Do not include the value of a plan's interest in a partnership or joint venture that is a 103-12 IE. Include the value of a 103-12 IE in 1c(12).

Line 1c(6).- Include the current value of both income and non-income producing real property owned by the plan. Do not include the value of property that is employer real property or property used in plan operations that should be reported on lines 1d and 1e, respectively.

Line 1c(7).- Enter the current value of all loans to participants including residential mortgage loans that are subject to Code section 72(p). Include the sum of the value of the unpaid principal balances, plus accrued but unpaid interest, if any, for participant loans made under an individual account plan with investment experience segregated for each account made in accordance with 29 CFR 2550.408b-1 and which are secured solely by a portion of the participant's vested accrued benefit. When applicable, combine this amount with the current value of any other participant loans.

Line 1c(8).- Include all loans made by the plan, except participant loans reported on line 1c(7). These include loans for construction, securities loans, mortgage loans (either by making or participating in the loans directly or by purchasing loans originated by a third party), and other miscellaneous loans. Include on this line residential mortgage loans that are not subject to Code section 72(p).

Lines 1c(9), (10), (11), and (12).- Enter the total current value of the plan's interest in DFEs as of the beginning and end of the plan year. Each DFE must be listed on Schedule D (Form 5500) with the value of the plan's interest in the DFE reported under column (e) of the Schedule D.

Note: If a 199X Form 5500 has not been submitted for the CCT or PSA, do not enter the net interest in the CCT or PSA on line 1c(9) or 1c(10). Report the plan's interest in the underlying investments of the CCT or PSA on a line-by-line basis. See 29 CFR 2520.103-3 and 2520.103-4.

Line 1c(14).- Use the same method for determining the value of the insurance contracts reported here as you used for line 3 of Schedules A (Form 5500), or, if line 3 is not required, line 6.

Line 1c(15).- Include all other investments not includable in lines 1c(1) through (14), such as options, index futures, repurchase agreements, state and municipal securities, collectibles, and other personal property.

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Line 1d(1).- An employer security is any security issued by an employer (including affiliates) of employees covered by the plan. These may include common stocks, preferred stocks, bonds, zero coupon bonds, debentures, convertible debentures, notes and commercial paper.

Line 1d(2).- The term "employer real property" means real property (and related personal property) that is leased to an employer of employees covered by the plan, or to an affiliate of such employer. For purposes of determining the time at which a plan acquires employer real property for purposes of this line, such property shall be deemed to be acquired by the plan on the date on which the plan acquires the property or on the date on which the lease to the employer (or affiliate) is entered into, whichever is later.

Line 1e.- Include the current (not book) value of the buildings and other property used in the operation of the plan. Buildings or other property held as plan investments should be reported in 1c(6) and 1d(2).

Do not include the value of future pension payments on lines 1g, h, i, j or k.

Line 1g.- Noncash basis plans should include the total amount of benefit claims which have been processed and approved for payment by the plan.

Line 1h.- Noncash basis plans should include the total amount of obligations owed by the plan which were incurred in the normal operations of the plan and have been approved for payment by the plan but have not been paid.

Line 1i.- "Acquisition indebtedness", for debt-financed property other than real property, means the outstanding amount of the principal debt incurred:

1. By the organization in acquiring or improving the property;
2. Before the acquisition or improvement of the property if the debt was incurred only to acquire or improve the property; or
3. After the acquisition or improvement of the property if the debt was incurred only to acquire or improve the property and was reasonably foreseeable at the time of such acquisition or improvement. For further explanation, see Code section 514(c).

Line 1j.- Noncash basis plans should include amounts owed for any liabilities that would not be classified as benefit claims payable, operating

payables, or acquisition indebtedness.

Line 1l.- Column (b) must equal the sum of column (a) plus lines 2i, 2j(1), and 2j(2).

Part II - Income and Expense Statement

Line 2a.- Include the total cash contributions received and/or (for accrual basis plans) due to be received.

Note: *Plans using the accrual basis of accounting should not include contributions designated for the year before the 199X plan year on line 2a.*

Line 2a(1)(B). - Report all participant contributions, including, for welfare plans, elective contributions under a cafeteria plan (Code section 125), and, for pension plans, elective contributions under a qualified cash or deferred arrangement (Code section 401(k)).

Line 2a(2).- Use the current value, at date contributed, of securities or other noncash property.

Line 2b(1)(A).- Enter interest earned on interest-bearing cash, including earnings from sweep accounts, STIF accounts, money market accounts, certificates of deposit, etc.

Line 2b(1)(B).- Enter interest earned on U.S. Government Securities. This is the interest earned on the investments that are reported on line 1c(2).

Line 2b(1)(C).- Generally, this is the interest earned on securities that are reported on lines 1(c)(3)(A) and (B) and 1d(1).

Line 2b(2).- Generally, the dividends are for investments reported on line 1c(4)(A) and (B) and 1d(1). For accrual basis plans, include any dividends declared for stock held on the date of record, but not yet received as of the end of the plan year.

Line 2b(3).- Generally, rents represent the income earned on the real property that is reported in items 1c(6) and 1d(2). Rents should be entered as a "Net" figure. Net rents are determined by taking the total rent received and subtracting all expenses directly associated with the property. If the real property is jointly used as income producing property and for the operation of the plan, that

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portion of the expenses attributable to the income producing portion of the property should be netted against the total rents received.

Line 2b(4).- Enter in column (b), the total of net gain (loss) on sale of assets. This equals the sum of the net realized gain (or loss) on each asset held at the beginning of the plan year which was sold or exchanged during the plan year, and on each asset that was both acquired and disposed of within the plan year.

Note: *As current value reporting is required for the Form 5500, assets are revalued to current value at the end of the plan year. For purposes of this form, the increase or decrease in the value of assets since the beginning of the plan year (if held on the first day of the plan year) or their acquisition date (if purchased during the plan year) is reported in line 2b(5) below, with two exceptions: (1) the realized gain (or loss) on each asset that was disposed of during the plan year is reported in 2b(4) (NOT on line 2b(5)), and (2) the net investment gain (or loss) from DFEs and registered investment companies is reported in lines 2b(6) through (10).*

The sum of the realized gain (or loss) of assets sold or exchanged during the plan year is to be calculated as follows:

1. Enter in 2b(4)(A) the sum of the amount received for these former assets;
2. Enter in 2b(4)(B), column (a), the sum of the current value of these former assets as of the beginning of the plan year and the purchase price for assets both acquired and disposed of during the plan year; and
3. Enter in 2b(4)(C), column (b), the result obtained when 2b(4)(B) is subtracted from 2b(4)(A). A negative figure should be placed in parentheses.

Note: *Bond write-offs should be reported as realized losses.*

Line 2b(5).- Subtract the current value of assets at the beginning of the year plus the cost of any assets acquired during the plan year from the current value of assets at the end of the year to obtain this figure. A negative figure should be placed in parentheses. Do not include the value of assets reportable in items 2b(6) through 2b(10).

Lines 2b(6), (7), (8), and (9).- Report on these lines all earnings, expenses, gains or losses, and unrealized appreciation or depreciation that were included in computing the net investment gain (or loss) for the DFE(s).

The net investment gain (or loss) allocated to the plan for the plan year from the plan's investment in DFEs is equal to:

- a. The sum of the current value of the plan's interest in each DFE at the end of the plan year,
- b. Minus the current value of the plan's interest in each DFE at the beginning of the plan year,
- c. Plus any amounts transferred out of each DFE by the plan during the plan year, and
- d. Minus any amounts transferred into each DFE by the plan during the plan year.

Caution: *Allocate the value of the plan's interest in the underlying investments of any fund that is not a DFE (e.g., CCTs or PSAs that do not file a Form 5500) and report the plan's share of the fund's earnings, expenses, and gains (losses) on a line-by-line basis on lines 1c(1) through 1c(8), 1c(15) or 1d.*

Line 2b(10). - Enter net investment gain (loss) from registered investment companies here. Compute in the same manner as discussed above for DFEs for which a Form 5500 has been filed. Enter the net gain as a positive number or the net loss in parenthesis.

Line 2c.- Include all other plan income earned that is not included in 2a or 2b. Do not include transfers from other plans that should be reported in line 2j.

Line 2e - If distributions include securities or other property, use the current value at date distributed.

Line 2e(1).- Include the current value of all cash, securities, or other property at the date of distribution.

Line 2e(2).- Include payments to insurance companies and similar organizations such as Blue Cross, Blue Shield and health maintenance organizations for the provision of plan benefits (e.g., paid-up annuities, accident insurance, health insurance, vision care, dental coverage, stop-loss insurance whose claims are paid to the plan (or which is otherwise an asset of the plan)), etc.

Line 2e(3).- Include all eligible rollover distributions as defined in Code section 401(a)(31)(C) that have been paid at the participant's election to an eligible retirement plan (including an IRA within the meaning of section 401(a)(31)(D)).

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Line 2e(4).- Include all payments made to other organizations or individuals providing benefits. Generally, these are individual providers of welfare benefits such as legal services, day care services, training and apprenticeship services.

Line 2f.- Interest expense is a monetary charge for the use of money borrowed by the plan. This amount should include the total of interest paid or to be paid (for accrual basis plans) during the plan year.

Line 2g.- Report all administrative expenses (by specified category) paid by or charged to the plan, including those that were not subtracted from the gross income of DFEs in determining their net investment gain(s) or loss(es). Expenses incurred in the general operations of the plan are classified as administrative expenses.

Line 2g(1).- Include the total fees paid (or in the case of accrual basis plans; costs incurred during the plan year but not paid as of the end of the plan year) by the plan for outside accounting, actuarial, legal, and valuation/appraisal services. Include fees for the annual audit of the plan by an independent qualified public accountant; for payroll audits; for accounting/bookkeeping services; for actuarial services rendered to the plan, and to a lawyer for rendering legal opinions, litigation, and advice (but not for providing legal services as a benefit to plan participants). Include the fee(s) for valuations or appraisals to determine the cost, quality, or value of an item such as real property, personal property (gemstones, coins, etc.), and for valuations of closely held securities for which there is no ready market. Do not include amounts paid to plan employees to perform bookkeeping/accounting functions which should be included in 2g(4).

Line 2g(2).- Enter the total fees paid (or in the case of accrual basis plans, costs incurred during the plan year but not paid as of the end of the plan year) to a contract administrator for performing administrative services for the plan. For purposes of the return/report, a contract administrator is any individual, partnership or corporation, responsible for managing the clerical operations (e.g., handling membership rosters, claims payments, maintaining books and records) of the plan on a contractual basis. Do not include salaried staff or employees of the plan or banks or insurance carriers.

Line 2g(3).- Enter the total fees paid (or in the case of accrual basis plans, costs incurred during the plan year but not paid as of the end of the plan year) to an individual, partnership or corporation (or other person) for advice to the plan relating to its investment portfolio. These may include fees

paid to manage the plan's investments, fees for specific advice on a particular investment; and fees for the evaluation of the plan's investment performance.

Line 2g(4), Column (a).- Other expenses are those that cannot be included in 2g(1) through 2g(3). These may include plan expenditures such as salaries and other compensation and allowances (e.g., payment of premiums to provide health insurance benefits to plan employees), expenses for office supplies and equipment, cars, telephone, postage, rent, expenses associated with the ownership of a building used in the operation of the plan, and trustees' fees and reimbursement of expenses associated with trustees such as lost time, seminars, travel, meetings, etc.

Line 2j.- Include in these reconciliation figures the value of all transfers of assets or liabilities into or out of the plan resulting from, among other things, mergers and consolidations. A transfer of assets or liabilities occurs when there is a reduction of assets or liabilities with respect to one plan and the receipt of these assets or the assumption of these liabilities by another plan. A transfer is not a shifting of one plan's assets or liabilities from one investment to another. Transfers out at the end of the year should be reported as occurring during the plan year.

Note: A transfer of all or part of an individual participant's account balance that is reportable on Form 1099-R should not be included on line 2j.

Part III - Accountant's Opinion

Line 3.- Employee benefit plans, 103-12 IEs, and GIAs completing the Schedule FIN must engage an independent qualified public accountant pursuant to ERISA 103(a)(3)(A) and 29 CFR 2520.103-1(b). The accountant's report must be attached to the Form 5500 if a Schedule FIN (Form 5500) is attached and box 3b(1) or 3b(2) on the Schedule FIN is not checked.

29 CFR 2520.103-1(b) requires that any separate financial statements prepared in order for the independent qualified public accountant to form the opinion and notes to these financial statements must be attached to the Form 5500. Any separate statements must include the information required to be disclosed in lines 1 and 2 of the Schedule FIN; however, they may be aggregated into categories in a manner other than that used on the Schedule FIN. The separate statements should be either typewritten or printed and consist of reproductions of lines 1 and 2 or statements incorporating by references lines 1 and 2. See ERISA section 103(a)(3)(A), and the DOL regulations 29 CFR

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2520.103-1(a)(2) and (b), 2520.103-2, and 2520.104-50.

If the required accountant's report is not attached to the Form 5500, the filing is subject to rejection as incomplete and penalties may be assessed.

Caution: *A welfare benefit plan that uses a Code section 501(c)(9) trust, is generally not exempt from the requirement to engage an independent qualified public accountant. See page X of the Form 5500 instructions under Lines and Schedules To Complete.*

Lines 3a(1) through 3a(4) - These boxes identify the type of opinion offered by the accountant. Enter the name and EIN of the accountant in the space provided.

Line 3a(1).- Check if an unqualified opinion was issued. Generally, an unqualified opinion is issued when the auditor concludes that the plan's financial statements present fairly, in all material respects, the financial status of the plan as of the end of the period audited, and the changes in its financial status for the period under audit are in conformity with generally accepted accounting principles.

Line 3a(2).- Check if a qualified opinion was issued. Generally a qualified opinion is issued by an independent qualified public accountant when the plan's financial statements present fairly, in all material respects, the financial position of the plan as of the end of the audit period and the results of its operations for the audit period in conformity with generally accepted accounting principles, except for the effects of one or more matters that are described in the opinion.

Line 3a(3).- Check if a disclaimer of opinion was issued. A disclaimer of opinion is issued when the independent qualified public accountant does not express an opinion on the financial statements because he or she has not performed an audit sufficient in scope to enable him or her to form an opinion of the financial statements.

Line 3a(4).- Check if the plan received an adverse accountant's opinion. Generally an adverse opinion is issued by an independent qualified public accountant when the plan's financial statements do not present fairly, in all material respects, the financial position of the plan as of the end of the audit period and the results of its operations for the audit period in conformity with generally accepted accounting principles.

Line 3b(1).- Check this box only if the Schedule FIN is being filed for a CCT, PSA, or MTIA.

Line 3b(2).- Check this box if the plan has elected to defer attaching the accountant's opinion for the first of 2 consecutive plan years, one of which is a short plan year of 7 months or less. The Form 5500 for the first of the 2 years must be complete and accurate, with all attachments except for the accountant's report; and the Form 5500 for the second year must include: (a) financial schedules and statements for both plan years; (b) a report of an independent qualified public accountant with respect to the financial schedules and statements for each of the 2 plan years (regardless of the number of participants covered at the beginning of each plan year); and (c) a statement identifying any material differences between the first plan year Form 5500's unaudited financial information, and the audited financial information filed for the first year. See 29 CFR 2520.104-46 and 29 CFR 2520.104-50.

Line 3c.- Check this box only if the scope of the plan's audit was limited pursuant to DOL regulations 29 CFR 2520.103-8 and 2520.103-12(d) because the examination and report of an independent qualified accountant did not extend to: (a) information prepared and certified to by a bank or similar institution or by an insurance carrier which is regulated and supervised and subject to periodic examination by a state or Federal agency, or (b) information included with the Form 5500 filed for a 103-12 IE. See 29 CFR 2520.103-8 and 2520.103-12(d).

Note: *These regulations do not exempt the plan administrator from engaging an accountant or from attaching the accountant's report to the Form 5500.*

Part IV - Transactions During Plan Year

Line 4a.- Amounts paid by a participant or beneficiary to an employer and/or withheld by an employer for contribution to the plan are participant contributions that become plan assets as of the earliest date on which such contributions can reasonably be segregated from the employer's general assets (see 29 CFR 2510.3-102). An employer holding these assets after that date commingled with its general assets will have engaged in a prohibited use of plan assets (see ERISA section 406). If such a nonexempt prohibited transaction occurred with respect to a disqualified person (see Code section 4975(e)(2)), file Form 5330 with the IRS to pay any applicable excise tax on the transaction. If no participant contributions were received or withheld by the employer during the plan year, answer "No."

Line 4b.- Plans that check "Yes" must enter the amount and complete Part I of Schedule G. The

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due date, payment amount and conditions for determining default in the case of a note or loan are usually contained in the documents establishing the note or loan. A loan by the plan is in **default** when the borrower is unable to pay the obligation upon maturity. Obligations that require periodic repayment can default at any time. Generally loans and fixed income obligations are considered **uncollectible** when payment has not been made and there is little probability that payment will be made. A fixed income obligation has a fixed maturity date at a specified interest rate.

Line 4c.- Plans that check "Yes" must enter the amount and complete Part II of Schedule G. A lease is an agreement conveying the right to use property, plant or equipment for a stated period. A lease is in default when the required payment(s) has not been made. An uncollectible lease is one where the required payments have not been made and for which there is little probability that payment will be made.

Line 4d.- Plans that check "Yes" must enter the amount and complete Part III of Schedule G. Check "Yes" if any non exempt transaction with a party-in-interest occurred regardless of whether the transaction is disclosed in the accountant's report, unless the transaction is: (1) statutorily exempt under Part 4 of Title I of ERISA, (2) administratively exempt under ERISA section 408(a) or exempt under Code sections 4975(c) and 4975(d), or (3) a transaction of a 103-12 IE with parties other than the plan. You may indicate that an application for an administrative exemption is pending. See the instructions for Part III of the Schedule G (Form 5500) concerning non-exempt transactions and party-in-interest. If you are unsure as to whether a transaction is exempt or not, you should consult with either the plan's independent qualified public accountant or legal counsel or both.

Line 4e.- If "Yes" is checked enter the full amount of the loss. If the full amount of the loss has not yet been determined, provide and disclose that the figure is an estimate, such as "Approximately \$1,000." Generally, every plan official of an employee benefit plan who "handles" funds or other property of such plan must be bonded. Generally, a person shall be deemed to be "handling" funds or other property of a plan, so as to require bonding, whenever his other duties or activities with respect to given funds are such that there is a risk that such funds could be lost in the event of fraud or dishonesty on the part of such person, acting either alone or in collusion with others. Section 412 of ERISA and DOL regulations 29 CFR 2580 provide the bonding requirements,

including the definition of "handling" (29 CFR 2580.412-6), the permissible forms of bonds (29 CFR 2580.412-10), the amount of the bond (29 CFR 2580, subpart C), and certain exemptions such as the exemption for unfunded plans, certain banks and insurance companies (ERISA section 412), and the exemption allowing plan officials to purchase bonds from surety companies authorized by the Secretary of the Treasury as acceptable reinsurers on Federal bonds (29 CFR 2580.412-23).

Note: *Willful failure to report is a criminal offense. See ERISA section 501.*

Line 4f. - An accurate assessment of fair market value is essential to a plan's ability to comply with the requirements set forth in the Code (e.g., the exclusive benefit rule of Code section 401(a)(2), the limitations on benefits and contributions under Code section 415, and the minimum funding requirements under Code section 412.) Examples of assets that may not have a readily determinable value on an established market include real estate, nonpublicly traded securities, shares in a limited partnership, and collectibles. Do not check "Yes" on line 4f if the plan is a defined contribution plan and the only assets the plan holds, that do not have a readily determinable value on an established market, are: (1) participant loans not in default, or (2) assets over which the participant exercises control within the meaning of section 404(c) of ERISA. Although the fair market value of plan assets must be determined each year, there is no requirement that the assets (other than certain nonpublicly traded employer securities held in ESOPS) be valued every year by independent third-party appraisers.

Enter in the amount column the fair market value of the assets referred to on line 4f that were not valued by an independent third-party appraiser in the plan year. See Revenue Ruling 59-60, 1959-1 C.B. 237, for guidance on determining fair market value.

Line 4i. - Check "Yes" if all plan assets were used to buy individual annuity contracts and the contracts were distributed to the participants, or if all plan assets were legally transferred to the control of another plan or brought under the control of PBGC.

Line 5a. - Check "Yes" if a resolution to terminate the plan was adopted during this or any prior plan year, unless the termination was revoked and no assets reverted to the employer. If "Yes" is checked, enter the amount of plan assets that reverted to the employer during the plan year in connection with the implementation of such termination. Enter "-0-" if no reversion occurred during the current plan year.

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Caution: *A Form 5500 must be filed for each year the plan has assets, and, in the case of a welfare benefit plan, if the plan is still liable to pay benefits for claims which were incurred prior to the termination date, but not yet paid. See 29 CFR 2520.104b-2(g)(2)(ii).*

Line 5b.- Enter information concerning assets and/or liabilities transferred from this plan to another plan(s) (including spin-offs) during the plan year. A transfer of assets or liabilities occurs when there is a reduction of assets or liabilities with respect to one plan and the receipt of these assets or the assumption of these liabilities by another plan. Enter the name, PN, and EIN of the other plan(s) involved on Lines 5b(1), (2) and (3).

Note: *A transfer of all or part of an individual participant's account balance that is reportable on Form 1099-R should not be included on line 5b but must be included in plan expenses and benefit payments reported in Part II.*

Caution: *Form 5310-A, Notice of Merger or Consolidation, Spinoff, or Transfer of Plan Assets or Liabilities; Notice of Qualified Separate Lines of Business, must be filed at least 30 days before any plan merger or consolidation or any transfer of plan assets or liabilities to another plan. There is a penalty for not filing Form 5310-A on time. In addition, a transfer of benefit liabilities involving a plan covered by PBGC insurance may be reportable to the PBGC (see PBGC Form 10 and Form 10-Advance).*

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Department of the
Treasury
Internal Revenue
Service

Department of Labor
Pension and Welfare
Benefits Administration

Pension Benefit
Guaranty Corporation

199X

Instructions for Schedule FIN-SP (Form 5500)

Financial Information for Small Plans

"ERISA" refers to the Employee Retirement Income Security Act of 1974.

"Code" refers to the Internal Revenue Code.

General Instructions

Who Must File

The Schedule FIN-SP (Form 5500) must be attached to a Form 5500 filed for pension benefit plans and welfare benefit plans that covered fewer than 100 participants as of the beginning of the plan year. If a Form 5500-C/R was filed for the plan for the 1997 plan year and the plan covered fewer than 121 participants as of the beginning of this plan year, the Schedule FIN-SP may be completed instead of a Schedule FIN.

Exception: Certain insured, unfunded or combination unfunded/insured welfare plans are exempt from filing the Form 5500 and the Schedule FIN-SP. In addition, certain fully insured pension plans are exempt from completing the Schedule FIN-SP. See the Form 5500 instructions for **Pension and Welfare Plans Excluded From Filing** on page X and **Limited Pension Plan Reporting** on page Y for more information.

Check the appropriate box on Part II, line 8 of the Form 5500 if a Schedule FIN-SP is attached.

Specific Instructions

Lines A, B, C and D. - This information should be the same as reported in Part II of the Form 5500 to which this Schedule FIN-SP is attached.

Use either the cash, modified cash, or accrual basis for recognition of transactions, as long as you use one method consistently. Round off all amounts reported on the Schedule FIN-SP to the nearest dollar. Any other amounts are subject to rejection. Check all subtotals and totals carefully.

Caution: Do not mark through the printed line descriptions and insert your own description as this may cause additional correspondence due to a

computerized review of the Schedule FIN-SP.

If the assets of two or more plans are maintained in one fund other than a DFE, such as when an employer has two plans that are funded through a single trust, include the plan's allocable part of each line item. If assets of one plan are maintained in two or more trust funds, report the combined financial information.

Current value means fair market value where available. Otherwise, it means the fair value as determined in good faith under the terms of the plan by a trustee or a named fiduciary, assuming an orderly liquidation at time of the determination. See ERISA section 3(26).

Part I - Small Plan Financial Information

Total plan assets at the beginning of the plan year plus the net income (loss) and any net transfers for the plan year must equal the total plan assets at the end of the plan year.

Plan Assets and Liabilities

Amounts reported on line 1a, 1b, and 1c for the beginning of the plan year must be the same as reported for the end of the plan year for corresponding line items on the 1997 return/report. Do not include contributions designated for the 199X plan year in column (a).

Line 1a.- Enter the total plan assets at the beginning and end of the plan year. Plan assets may include, among other things:

1. Cash, including both interest and noninterest bearing. This includes all cash on hand or in a financial institution including money market accounts;
2. Receivables, including all contributions due to the plan from the employer and participants, income earned, but not yet received by the plan, and receivables from any other source; and

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3. Investments including securities (stocks, bonds, U.S. Government obligations, municipal obligations, etc.); real property (e.g., land, buildings), personal property (e.g., gold, collectibles); loans (mortgages, promissory notes, etc.); and all other investments (certificates of deposit, repurchase agreements, land contracts, units of participation in common/collective trusts and pooled separate accounts, shares of mutual funds, interests in master trusts and 103-12 IEs, etc.).

A plan with assets held in common/collective trusts, pooled separate accounts, master trust investment accounts, and/or 103-12 IEs must also attach Schedule D (Form 5500).

Use the same method for determining the value of the insurance contracts reported here as you used for line 3 of Schedules A (Form 5500), or, if line 3 is not required, line 6.

Do not include contributions designated for the 199X plan year in the total assets at the beginning of the plan year entered on Line 1a.

Line 1b.- Enter the total liabilities at the beginning and end of the plan year. Liabilities to be entered here do not include the value of future pension payments to plan participants; however, the amount to be entered in line 1b for accrual basis filers includes, among other things:

1. Benefit claims that have been processed and approved for payment by the plan but have not been paid;
2. Accounts payable obligations owed by the plan that were incurred in the normal operations of the plan but have not been paid; and
3. Other liabilities such as acquisition indebtedness and any other amount owed by the plan.

Line 1c.- Enter the net assets as of the beginning and end of the plan year. (Subtract line 1b from 1a.)

Income, Expenses, and Transfers In The Plan Year

Line 2a.- Include the total cash contributions received and/or (for accrual basis plans) due to be received.

Line 2a(1) - Plans using the accrual basis of accounting should not include contributions designated for the year before the 199X plan year on line 2a(1).

Line 2a(2). - For welfare plans, report all employee contributions, including all elective

contributions under a cafeteria plan (Code section 125). For pension plans, participant contributions, for purposes of this item, also include elective contributions under a qualified cash or deferred arrangement (Code section 401(k)).

Line 2b. Use the current value, at date contributed, of securities or other noncash property.

Line 2c.- Enter the total of all cash contributions (line 2a(1) through (3)), noncash contributions (2b), and other plan income during the plan year. A negative figure should be placed in parenthesis. Plan income received and/or receivable may include, among other things:

1. Interest on investments (including money market accounts, sweep accounts, STIF accounts, etc.).
2. Dividends. (Accrual basis plans should include dividends declared for all stock held by the plan even if the dividends have not been received as of the end of the plan year.)
3. Rents from income-producing property owned by the plan.
4. Royalties.
5. Net gain or loss from the sale of assets.
6. Other income such as unrealized appreciation (depreciation) in plan assets. To compute this amount subtract the current value of all assets at the beginning of the year plus the cost of any assets acquired during the plan year from the current value of all assets at the end of the year minus assets disposed of during the plan year.

Line 2d.- Include:

1. Payments made (and for accrual basis filers payments due) to or on behalf of participants or beneficiaries in cash, securities, or other property (including rollovers of an individual's accrued benefit or account balance);
2. Payments to insurance companies and similar organizations such as Blue Cross, Blue Shield, and health maintenance organizations for the provision of plan benefits (e.g., paid-up annuities, accident insurance, health insurance, vision care, dental coverage, etc.); and
3. Payments made to other organizations or individuals providing benefits. Generally, the payments discussed in (3) are made to individual providers of welfare benefits such as legal services, day care services, and training and apprenticeship services. If securities or other property are distributed to plan participants or beneficiaries, include the current value on the date of distribution. These benefits are to be included in the amount of the expenses entered in line 2e.

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Line 2e.- Enter the total of all benefits paid or due as reported on line 2d and all other plan expenses during the year. Expenses (paid and/or payable) may include, among others:

1. Salaries to employees of the plan;
2. Expenses for accounting, actuarial, legal, and investment services.
3. Fees and expenses for trustees including reimbursement for travel, seminars, and meeting expenses; and
4. Fees paid for valuations and appraisals.

Line 2f.- Enter the net income (loss). Subtract line 2d from line 2b. If the result is a negative number, enter it in parentheses.

Line 2g.- Enter the net value of all assets transferred to and from the plan during the plan year including those resulting from mergers and spin-offs. A transfer of assets or liabilities occurs when there is a reduction of assets or liabilities with respect to one plan and the receipt of these assets or the assumption of these liabilities by another plan. Transfers out at the end of the year should be reported as occurring during the plan year. If the result is a negative number, enter it in parentheses.

Note: A transfer of all or part of an individual participant's account balance that is reportable on Form 1099-R should not be included on line 2g but must be included in plan expenses and benefit payments reported on line 2d.

Specific Assets

Line 3a.- Enter the value of the plan's participation in a partnership or joint venture, unless the partnership or joint venture filed a Form 5500 as a 103-12 IE. See page X.

Line 3b.- The term "employer real property" means real property (and related personal property) that is leased to an employer of employees covered by the plan, or to an affiliate of such employer. For purposes of determining the time at which a plan acquires employer real property for purposes of this line, such property shall be deemed to be acquired by the plan on the date on which the plan acquires the property or on the date on which the lease to the employer (or affiliate) is entered into, whichever is later.

Line 3d.- An employer security is any security issued by an employer (including affiliates) of employees covered by the plan. These may include common stocks, preferred stocks, bonds, zero coupon bonds, debentures, convertible debentures, notes and commercial paper.

Line 3e.- Enter on this line all loans to participants including residential mortgage loans that are subject to Code section 72(p). Include the sum of the value of the unpaid principal balances, plus accrued but unpaid interest, if any, for participant loans made under an individual account plan with investment experience segregated for each account made in accordance with 29 CFR 2550.408b-1 and which are secured solely by a portion of the participant's vested accrued benefit. When applicable, combine this amount with the current value of any other participant loans.

Line 3f.- Enter all loans made by the plan except participant loans reported on line 1c(7). These include loans for construction, securities loans, mortgage loans (either by making or participating in the loans directly or by purchasing loans originated by a third party), and other miscellaneous loans. Include on this line residential mortgage loans that are not subject to Code section 72(p).

Line 3g.- Include all property that has concrete existence and is capable of being processed, such as goods, wares, merchandise, furniture, machines, equipment, animals, automobiles, etc. This includes collectibles, such as works of art, rugs, antiques, metals, gems, stamps, coins, alcoholic beverages, musical instruments, and historical objects (documents, clothes, etc.). Do not include the value of a plan's interest in property reported on lines 3a through 3f, or intangible property, such as patents, copyrights, goodwill, franchises, notes, mortgages, stocks, claims, interests, or other property that embodies intellectual or legal rights.

Part II - Transactions During Plan Year

Line 4a.- Amounts paid by a participant or beneficiary to an employer and/or withheld by an employer for contribution to the plan are participant contributions that become plan assets as of the earliest date on which such contributions can reasonably be segregated from the employer's general assets (see 29 CFR 2510.3-102). An employer holding these assets after that date commingled with its general assets will have engaged in a prohibited use of plan assets (see ERISA section 406). If such a nonexempt prohibited transaction occurred with respect to a disqualified person (see Code section 4975(e)(2)), file Form 5330 with the IRS to pay any applicable excise tax on the transaction. If no participant contributions were received or withheld by the employer during the plan year, answer "No."

Line 4b.- Plans that check "Yes" must enter the amount. The due date, payment amount and conditions for determining default in the case of a note or loan are usually contained in the documents

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establishing the note or loan. A loan by the plan is in **default** when the borrower is unable to pay the obligation upon maturity. Obligations that require periodic repayment can default at any time. Generally loans and fixed income obligations are considered **uncollectible** when payment has not been made and there is little probability that payment will be made. A fixed income obligation has a fixed maturity date at a specified interest rate.

Line 4c.- Plans that check "Yes" must enter the amount. A lease is an agreement conveying the right to use property, plant or equipment for a stated period. A lease is in default when the required payment(s) has not been made. An uncollectible lease is one where the required payments have not been made and for which there is little probability that payment will be made.

Line 4d.- Plans that check "Yes" must enter the amount. Check "Yes" if any non exempt transaction with a party-in-interest occurred regardless of whether the transaction is disclosed in the accountant's report, unless the transaction is: (1) statutorily exempt under Part 4 of Title I of ERISA, (2) administratively exempt under ERISA section 408(a) or exempt under Code sections 4975(c) and 4975(d), or (3) a transaction of a 103-12 IE with parties other than the plan. You may indicate that an application for an administrative exemption is pending. If you are unsure as to whether a transaction is exempt or not, you should consult with either the plan's independent qualified public accountant or legal counsel or both.

Party-in-Interest - For purposes of this form, **party-in-interest** is deemed to include a disqualified person—see Code section 4975(e)(2). The term "party-in-interest" means, as to an employee benefit plan—

A. any fiduciary (including, but not limited to, any administrator, officer, trustee or custodian), counsel, or employee of the plan;

B. a person providing services to the plan;

C. an employer, any of whose employees are covered by the plan;

D. an employee organization, any of whose members are covered by the plan;

E. an owner, direct or indirect, of 50% or more of—(1) the combined voting power of all classes of stock entitled to vote, or the total value of shares of all classes of stock of a corporation, (2) the capital interest or the profits interest of a partnership, or (3) the beneficial interest of a trust or unincorporated enterprise that is an employer or an employee organization described in **C** or **D**;

F. a relative of any individual described in **A**, **B**,

C, or **E**;

G. a corporation, partnership, or trust or estate of which (or in which) 50% or more of: (1) the combined voting power of all classes of stock entitled to vote or the total value of shares of all classes of stock of such corporation, (2) the capital interest or profits interest of such partnership, or (3) the beneficial interest of such trust or estate is owned directly or indirectly, or held by, persons described in **A**, **B**, **C**, **D**, or **E**;

H. an employee, officer, director (or an individual having powers or responsibilities similar to those of officers or directors), or a 10% or more shareholder, directly or indirectly, of a person described in **B**, **C**, **D**, **E**, or **G**, or of the employee benefit plan; or

I. a 10% or more (directly or indirectly in capital or profits) partner or joint venturer of a person described in **B**, **C**, **D**, **E**, or **G**.

Line 4e.- If "Yes" is checked enter the full amount of the loss. If the full amount of the loss has not yet been determined, provide and disclose that the figure is an estimate, such as "Approx. \$1,000." Generally, every plan official of an employee benefit plan who "handles" funds or other property of such plan must be bonded. Generally, a person shall be deemed to be "handling" funds or other property of a plan, so as to require bonding, whenever his other duties or activities with respect to given funds are such that there is a risk that such funds could be lost in the event of fraud or dishonesty on the part of such person, acting either alone or in collusion with others. Section 412 of ERISA and 29 CFR 2580 provide the bonding requirements, including the definition of "handling" (2580.412-6), the permissible forms of bonds (2580.412-10), the amount of the bond (2580, subpart C), and certain exemptions such as the exemption for unfunded plans, certain banks and insurance companies (ERISA section 412), and the exemption for plan officials to purchase bonds from surety companies authorized by the Secretary of the Treasury as acceptable reinsurers on Federal bonds (2580.412-23).

Note: Willful failure to report is a criminal offense. See ERISA section 501.

Line 4f. - An accurate assessment of fair market value is essential to a plan's ability to comply with the requirements set forth in the Code (e.g., the exclusive benefit rule of Code section 401(a)(2), the limitations on benefits and contributions under Code section 415, and the minimum funding requirements under Code section 412.) Examples of assets that may not have a readily determinable value on an established market include real estate, nonpublicly traded securities, shares in a limited partnership, and collectibles. Do not check "Yes"

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on line 4f if the plan is a defined contribution plan and the only assets the plan holds, that do not have a readily determinable value on an established market, are: (1) participant loans not in default, or (2) assets over which the participant exercises control within the meaning of section 404(c) of ERISA. Although the fair market value of plan assets must be determined each year, there is no requirement that the assets (other than certain nonpublicly traded employer securities held in ESOPS) be valued every year by independent third-party appraisers.

Enter in the amount column the fair market value of the assets referred to on line 4f that were not valued by an independent third-party appraiser in the plan year. See Revenue Ruling 59-60, 1959-1 C.B. 237, for guidance on determining fair market value.

Line 4i. - Check "Yes" if all plan assets were used to buy individual annuity contracts and the contracts were distributed to the participants, or if all plan assets were legally transferred to the control of another plan or brought under the control of PBGC.

Line 5a. - Check "Yes" if a resolution to terminate the plan was adopted during this or any prior plan year, unless the termination was revoked and no assets reverted to the employer. If "Yes" is checked, enter the amount of plan assets that reverted to the employer during the plan year in connection with the implementation of such termination. Enter "-0-" if no reversion occurred during the current plan year.

Caution: A Form 5500 must be filed for each year the plan has assets, and, in the case of a welfare benefit plan, if the plan is still liable to pay benefits for claims which were incurred prior to the termination date, but not yet paid. See 29 CFR 2520.104b-2(g)(2)(ii).

Line 5b.- Enter information concerning assets and/or liabilities transferred from this plan to another plan(s) (including spin-offs) during the plan year. A transfer of assets or liabilities occurs when there is a reduction of assets or liabilities with respect to one plan and the receipt of these assets or the assumption of these liabilities by another plan. Enter the name, PN, and EIN of the other plan(s) involved on Lines 5b(1), 5b(2) and 5b(3).

Note: A transfer of all or part of an individual participant's account balance that is reportable on Form 1099-R should not be included on line 5b but must be included in plan expenses and benefit payments reported in Part I.

Caution: Form 5310-A, Notice of Merger or Consolidation, Spinoff, or Transfer of Plan Assets or Liabilities; Notice of Qualified Separate Lines of Business, must be filed at least 30 days before any plan merger or consolidation or any transfer of plan assets or liabilities to another plan. There is a penalty for not filing Form 5310-A on time. In addition, a transfer of benefit liabilities involving a plan covered by PBGC insurance may be reportable to the PBGC (see PBGC Form 10 and Form 10-Advance).

FIN-SP

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Pension and Welfare
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Instructions for Schedule G (Form 5500)

Financial Transaction Schedules

"ERISA" refers to the Employee Retirement Income Security Act of 1974.

"Code" refers to the Internal Revenue Code.

General Instructions

Who Must File

The Schedule G (Form 5500) must be attached to the Form 5500 filed for a plan, MTIA, GIA, or 103-12 IE when lines 4b, 4c, and/or 4d of the Schedule FIN (Form 5500) is checked "Yes." In addition, the Schedule G (Form 5500) must be attached to the Form 5500 filed for a 103-12 IE when lines 4b and/or 4c of the Schedule FIN (Form 5500) is checked "Yes."

Check the appropriate box on Part II, line 8 of the Form 5500 and enter the total number, if any Schedules G have been attached.

Schedule G, Part I reports any loans or fixed income obligations in default or determined to be uncollectible as of the end of the plan or DFE year. Part II reports any leases in default or classified as uncollectible. Part III reports any nonexempt transactions. This Part should not be completed for a 103-12 IE.

Specific Instructions

Lines A, B, C and D. - This information should be the same as reported in Part II of the Form 5500 to which this Schedule G is attached.

Part I - Loans or Fixed Income Obligations in Default or Classified as Uncollectible

List all loans by the plan or fixed income obligations in default or determined to be uncollectible as of the end of the plan, group insurance arrangement, master trust investment account or 103-12 IE year. Provide an explanation of what steps have been taken or will be taken to

collect overdue amounts for each loan listed.

Include all fixed income obligations which have matured, but have not been paid, for which it has been determined that payment will not be made; fixed obligations where the required payments have not been made by the due date; and loans that were renegotiated during the plan year.

Identify all persons known to be a party-in-interest to the plan, by entering an asterisk () in column (a).*

The due date, payment amount and conditions for determining default in the case of a note or loan are usually contained in the documents establishing the note or loan. A loan by the plan is in default when the borrower is unable to pay the obligation upon maturity. Obligations which require periodic repayment can default at any time. Generally loans and fixed income obligations are considered uncollectible when payment has not been made and there is little probability that payment will be made. A fixed income obligation has a fixed maturity date at a specified interest rate.

Note: Defaulted participant loans may be aggregated for the purposes of Part I and reported for an individual account plan with investment experience segregated for each account, if they (1) were made in accordance with 29 CFR 2550.408b-1; and (2) are secured solely by a portion of the participant's vested accrued benefit, provided the amount of each defaulted loan does not exceed the individual participant's account balance. If aggregated, enter "Secured Participant loans" in column (b).



Part II - Leases in Default or Classified as Uncollectible

List any leases in default or classified as uncollectible. A lease is an agreement conveying the right to use property, plant or equipment for a stated period. A lease is in default when the required payment(s) has not been made. An uncollectible lease is one where the required payments have not been made and for which there is little probability that payment will be made.

Part III - Nonexempt Transactions

All nonexempt party-in-interest transactions must be disclosed, regardless of whether noted in the accountant's report, unless the nonexempt transaction is:

- (1) statutorily exempt under Part 4 of Title I of ERISA;
- (2) administratively exempt under ERISA section 408(a); or
- (3) exempt under Code sections 4975(c) or 4975(d).

Non-exempt transactions with a party-in- interest include any direct or indirect:

- a. Sale or exchange, or lease, of any property between the plan and a party-in- interest.
- b. Lending of money or other extension of credit between the plan and a party-in- interest.
- c. Furnishing of goods, services, or facilities between the plan and a party-in-interest
- d. Transfer to, or use by or for the benefit of, a party-in-interest, of any income or assets of the plan.
- e. Acquisition, on behalf of the plan, of any employer security or employer real property in violation of Code section 407(a).
- f. Dealing with the assets of the plan for a fiduciary's own interest or own account.
- g. Acting in a fiduciary's individual or any other capacity in any transaction involving the plan on behalf of a party (or represent a party) whose interests are adverse to the interests of the plan or the interests of its participants or beneficiaries.
- h. Receipt of any consideration for his or her own personal account by a party-in- interest who is a fiduciary from any party dealing with the plan in connection with a transaction involving the income or assets of the plan.

If you are unsure as to whether a transaction is exempt or not, you should consult with either the plan's independent qualified public accountant or legal counsel or both.

You may indicate that an application for an administrative exemption is pending. If the plan is a qualified pension plan and a nonexempt prohibited transaction occurred with respect to a disqualified person, a Form 5330 should be filed with IRS to pay the excise tax on the transaction.

For purposes of this form, party-in-interest is deemed to include a disqualified person—see Code section 4975(e)(2).

The term "party-in-interest" means, as to an employee benefit plan—

- A. any fiduciary (including, but not limited to, any administrator, officer, trustee or custodian), counsel, or employee of the plan;
- B. a person providing services to the plan;
- C. an employer, any of whose employees are covered by the plan;
- D. an employee organization, any of whose members are covered by the plan;
- E. an owner, direct or indirect, of 50% or more of—(1) the combined voting power of all classes of stock entitled to vote, or the total value of shares of all classes of stock of a corporation, (2) the capital interest or the profits interest of a partnership, or (3) the beneficial interest of a trust or unincorporated enterprise that is an employer or an employee organization described in C or D;
- F. a relative of any individual described in A, B, C, or E;
- G. a corporation, partnership, or trust or estate of which (or in which) 50% or more of: (1) the combined voting power of all classes of stock entitled to vote or the total value of shares of all classes of stock of such corporation, (2) the capital interest or profits interest of such partnership, or (3) the beneficial interest of such trust or estate is owned directly or indirectly, or held by, persons described in A, B, C, D, or E;
- H. an employee, officer, director (or an individual having powers or responsibilities similar to those of officers or directors), or a 10% or more shareholder, directly or indirectly, of a person described in B, C, D, E, or G, or of the employee benefit plan; or
- I. a 10% or more (directly or indirectly in capital or profits) partner or joint venturer of a person described in B, C, D, E, or G.



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Instructions for Schedule P (Form 5500)

Annual Return of Fiduciary of Employee Benefit Trust

"Code" refers to the Internal Revenue Code.

Purpose of Form

You may use this schedule to satisfy the requirements under Code section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a). Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a), which is exempt from tax under section 501(a).

Who May File

Every trustee of a trust created as part of an employee benefit plan as described in Code section 401(a), and every custodian of a custodial account described in Code section 401(f).

How To File

File Schedule P for the trust year ending with or within any participating plan's plan year. Attach it to the Form 5500 or 5500-EZ filed by the plan for that plan year. A separately filed Schedule P will not be accepted. If the trust or custodial account is used by more than one plan, file one Schedule P. If a plan uses more than one trust or custodial account for its funds, file one Schedule P for each trust or custodial account. Check the appropriate box on Part II, line 8 of the Form 5500 and enter the total number, if any Schedules P have been attached.

Trust's Employer Identification Number

Enter the trust employer identification number (EIN) assigned to the employee benefit trust or custodial account, if one has been issued to you. The trust EIN should be used for transactions conducted for the trust. If you do not have a trust EIN, enter the EIN you would use on Form 1099-R to report distributions from employee benefit plans and on Form 945 to report withheld amounts of income tax from those payments.

Note: Trustees who do not have an EIN may apply for one on Form SS-4, Application for Employer Identification Number. You must be consistent and use the same EIN for all trust reporting purposes.

Signature

The fiduciary (trustee or custodian) must sign this schedule. If there is more than one fiduciary, the fiduciary authorized by the others may sign.

Other Returns and Forms That May Be Required

Form 990-T-- For trusts described in Code section 401(a), a tax is imposed on income derived from business that is unrelated to the purpose for which the trust received a tax exemption. Report this income and tax on Form 990-T, Exempt Organization Business Income Tax Return. (See Code sections 511 through 514 and the related regulations.)

Form 1099-R-- If you made payments or distributions to individual beneficiaries of a plan, report those payments on Form 1099-R. (See the instructions for Forms 1099, 1098, 5498, and W-2G.)

Form 945-- If you made payments or distributions to individual beneficiaries of a plan, you may be required to withhold income tax from those payments. Use Form 945, Annual Return of Withheld Federal Income Tax, to report taxes withheld from nonpayroll items. (See Circular E, Employer's Tax Guide (Pub. 15), for more information.)

P

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Pension Benefit
Guaranty Corporation

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Instructions for Schedule PEN (Form 5500)

Pension Plan Information

"ERISA" refers to the Employee Retirement Income Security Act of 1974.

"Code" refers to the Internal Revenue Code.

General Instructions

Who Must File

The Schedule PEN (Form 5500) must be attached to a Form 5500 filed for both tax qualified and nonqualified pension benefit plans. The parts of the Schedule PEN that must be completed depend on whether the plan is subject to the minimum funding standards of Code section 412 and ERISA section 302.

Exception: The Schedule PEN should not be completed when the Form 5500 is filed for a pension plan that uses, as the sole funding vehicle for providing benefits, a tax deferred annuity arrangement under Code section 403(b)(1), a custodial account for regulated investment company stock under Code section 403(b)(7), and/or individual retirement accounts or annuities (as described in Code section 408). See the Form 5500 instructions for **Lines and Schedules To Complete** on page Y for more information.

Check the appropriate box on Part II, line 8 of the Form 5500 if a Schedule PEN has been attached.

Purpose of Schedule

The Schedule PEN reports certain information on participant coverage, plan distributions, and funding, and the adoption of amendments increasing the value of benefits in a defined benefit pension plan.

Specific Instructions

Lines A, B, C and D. - This information should be the same as reported in Part II of the Form 5500 to which this Schedule PEN is attached.

Box E. - Indicate whether this plan is intended to be qualified under Code section 401(a) or 403(a). If "Yes" is checked, the Schedule Q (Form 5500)

may have to be attached to the Form 5500. If "No" is checked, code 3C must be entered on Form 5500, Part II, line 6a.

Part I - Participants

Line 1a. - Enter on this line the number of participants covered by the plan who have separated from employment and are currently receiving, or whose beneficiaries are currently receiving, benefits under the plan.

Line 1b. - Enter on this line the number of participants covered by the plan who have separated from employment and who retain, or whose beneficiaries retain, a right to vested benefits under the plan or under an insurance contract purchased by the plan. Do not count any participant counted on line 1a.

Line 1c. - Enter the number of active participants as of the end of the plan year.

The number of active participants includes all individuals in current employment who have satisfied the plan's eligibility conditions and are earning or retaining credited service under the plan who are not included on lines 1a or 1b. Count individuals who are covered under the plan, but because of plan offset, plan limitations, or employee election, are not currently accruing a benefit. For example, count individuals who are eligible to elect to have the employer make payments to a Code section 401(k) qualified cash or deferred arrangement, regardless of whether an election was made.

Line 1d. - If this is a defined contribution plan, enter the number of participants included on line 1a, 1b, or 1c who had account balances as of the end of the year.

Line 1e. - Include any participant who terminated employment during this plan year, whether or not the participant incurred a break in service.

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Multiemployer and collectively bargained multiple-employer plans do not have to complete line 1e.

Part II - Distributions

For purposes of Part II:

"Distribution" includes only payments of benefits during the plan year, in cash, in kind, or by purchase for the distributee of an annuity contract from an insurance company. It does not include corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions. It does not include a loan treated as a distribution under Code section 72(p).

"Participant" means any present or former employee who at any time during the plan year had an accrued benefit (account balance in a defined contribution plan) in the plan.

"Qualified joint and survivor annuity" means an immediate annuity for the life of the participant with a survivor annuity for the life of the spouse which is not less than 50 percent and not more than 100 percent of the amount payable during the joint lives of the participant and the spouse, and which is (1) in the case of a defined contribution plan, the amount of benefit which can be purchased with the participant's vested account balance, or (2) in the case of a defined benefit plan, the actuarial equivalent of the normal form of benefit, or, if greater, any optional form of benefit. In the case of an unmarried participant it means an immediate life annuity for the life of the participant.

"Qualified preretirement survivor annuity" means an annuity for the life of the surviving spouse of a participant who dies before the annuity starting date which meets the requirements of Code section 417(c).

Line 2. - Enter the total value of all distributions made during the year (regardless of when the distribution began) in any form other than cash, annuity contracts issued by an insurance company, or publicly traded employer securities.

Line 3. - Enter the EIN(s) of any payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year. If more than two payors made such payments during the year, enter the EINs of the two payors who paid the greatest dollar amounts during the year. For purposes of this line 3, include all payments made in cash, regardless of when the payments began. Include payments from an insurance company under an annuity only in the year the contract was purchased. Do not include distributions in kind

reported on line 2.

Line 4.- A distribution to be made in a series of payments in two or more plan years should be reported only for the year in which the first such payment is made. Such a distribution should not be reported in this line 4 in the second or subsequent plan years in which payments are made.

Example: During the plan year beginning 1-1-9X, the participant retired, and the plan began distributing the participant's account balance in a series of payments to be made over 10 years. The distribution to be made in a series of payments over 10 years should be reported in Part I, line 4, on the plan's Form 5500 for 199X only, and not for 199Y or subsequent years.

Line 4.- Enter the number of living or deceased participants to or for whom distributions from the plan began during the plan year in any form other than a qualified joint and survivor annuity, qualified preretirement survivor annuity, or life annuity (if unmarried). Include any participant or deceased participant with respect to whom a distribution began to any alternate payee or beneficiary. Also include any living or deceased participant for whom a distribution was made in the form of a direct rollover to the trustee or custodian of a qualified plan or individual retirement arrangement.

Part III - Funding Information

Complete Part III if the plan is subject to the minimum funding requirements of Code section 412 or ERISA section 302.

All qualified defined benefit and defined contribution plans are subject to the minimum funding requirements of Code section 412 unless they are described in the exceptions listed under section 412(h). These exceptions include profit-sharing or stock bonus plans, insurance contract plans described in section 412(i), and certain plans to which no employer contributions are made.

Nonqualified employee pension benefit plans are subject to the minimum funding requirements of ERISA section 302 unless specifically exempted under ERISA sections 4(a) or 301(a).

The employer or plan administrator of a defined benefit plan that is subject to the minimum funding requirements must file Schedule B as an attachment to Form 5500. Schedule B is not required to be filed for a money purchase defined contribution plan that is subject to the minimum funding requirements unless the plan is currently amortizing a waiver of the minimum funding requirements.

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Line 5.- Check "yes" if, for purposes of computing the minimum funding requirements for the plan year, the plan administrator is making an election intended to satisfy the requirements of Code section 412(c)(8) or ERISA section 302(c)(8). Under Code section 412(c)(8) and ERISA section 302(c)(8) a plan administrator may elect to have any amendment that is adopted after the beginning of the plan year for which it applies, treated as having been made on the first day of the plan year if all of the following requirements are met:

1. The amendment is adopted no later than two and one-half months after the close of such plan year (two years for a multiemployer plan);
2. The amendment does not reduce the accrued benefit of any participant determined as of the beginning of such plan year;
3. The amendment does not reduce the accrued benefit of any participant determined as of the adoption of the amendment unless the plan administrator notified the Secretary of the Treasury of the amendment and the Secretary either approved the amendment or failed to disapprove the amendment within 90 days after the date the notice was filed.

Line 6. - If a money purchase defined contribution plan has received a waiver of the minimum funding standard, and the waiver is currently being amortized, lines 3, 9 and 10 of Schedule B must be completed. The Schedule B must be attached to Form 5500 but it need not be signed by an enrolled actuary.

Line 7a. - The minimum required contribution for a money purchase defined contribution plan for a plan year is the amount required to be contributed for the year under the formula set forth in the plan document. If there is an accumulated funding deficiency for a prior year that has not been waived, that amount should also be included as part of the contribution required for the current year.

Line 7b. - Include all contributions for the plan year that are made not later than eight and one-half months after the end of the plan year. Show only contributions actually made to the plan by the date the form is filed, i.e., do not include receivable contributions for this purpose.

Line 7c. - If this amount is greater than zero there is an accumulated funding deficiency for the plan year and Form 5330 should be filed with the IRS to pay the excise tax on the deficiency. There is a penalty for not filing Form 5330 on time.

Line 8. - A revenue procedure providing for automatic approval for a change in funding method for a plan year does not apply unless the plan

sponsor or plan administrator explicitly agrees to the change. If a change in funding method that is made pursuant to such a revenue procedure is to be applicable for the current plan year, this line must be checked "Yes."

Skip line 9 if the plan is a multiemployer plan or a plan with 100 or fewer participants during the prior plan year. A plan has 100 or fewer participants in the prior plan year only if there were 100 or fewer participants (both active and nonactive participants) on each day of the preceding plan year, taking into account participants in all defined benefit plans maintained by the same employer who are also employees of that employer.

Line 9. - The transition rule of Code section 412(l)(11) and ERISA section 302(d)(11) provides an alternative method of computing the additional required funding charge. For such an election to apply for the current plan year check "yes" for this line.

Part IV - Amendments

Line 10. - Check "Yes" if an amendment was adopted during the plan year that increased the value of benefits in any way. This includes an amendment providing for an increase in the amount of benefits or rate of accrual, more generous early retirement factors, more generous lump sum factors, cost of living adjustments, more rapid vesting, additional payment forms, and earlier eligibility for some benefits.

PEN

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Instructions for Schedule Q (Form 5500)

Qualified Pension Plan Coverage Information

"Code" refers to the Internal Revenue Code.

General Instructions

Who Must File

The Schedule Q (Form 5500) must be attached to the Form 5500 to report coverage information for a pension benefit plan (including profit-sharing and stock bonus plans) that is intended to be qualified under Code section 401(a) or 403(a). More than one Schedule Q may be required. See the specific instructions for lines 1 and 2.

Check the appropriate box on Part II, line 8 of the Form 5500 and enter the total number, if any Schedules Q have been attached.

Purpose of Schedule

Schedule Q (Form 5500) is used by certain qualified pension benefit plans to provide information concerning the plan's compliance with the minimum coverage requirements of Code section 410(b).

Substantiation Guidelines

Revenue Procedure 93-42, 1993-2 C.B. 540, provides guidelines designed to reduce the burdens of substantiating compliance with the coverage and nondiscrimination requirements that apply to qualified pension benefit plans. Generally, Rev. Proc. 93-42 sets forth guidelines for: (1) the quality of data used in substantiating compliance with the coverage and nondiscrimination rules, (2) the timing of coverage and nondiscrimination testing, (3) the identification of highly compensated employees, (4) the testing cycle of a plan, and (5) the qualified separate lines of business (QSLOB) rules. The substantiation guidelines may be used in completing Schedule Q, if applicable.

When to File

Plans using the three-year testing cycle rule in Revenue Procedure 93-42 must file Schedule Q for the first year in the plan's testing cycle. Schedule Q need not be filed for the second or third year in the cycle if the employer is permitted to rely on the earlier year's testing. If the employer does not or cannot use the three-year testing rule, the Schedule Q must be filed annually.

Specific Instructions

Lines A, B, C and D. - This information should be the same as reported in Part II of the Form 5500 to which this Schedule Q is attached.

For purposes of the Schedule Q (Form 5500), "employer" means the employer and all entities aggregated with the employer under Code section 414(b), (c) or (m). For purposes of the Schedule Q (Form 5500), "employee" means any self-employed individual, common-law employee, or leased employee (within the meaning of Code section 414(n)) of the employer or any entity aggregated with the employer.

Line 1. - If Schedule Q is required to be filed to provide coverage information regarding the noncollectively bargained employees in a plan maintained by more than one employer, file a separate Schedule Q for each participating employer that has noncollectively bargained employees benefiting under the plan, as if the portion of the plan benefiting such employees constituted a separate plan. Enter on line 1 the name and employer identification number of the participating employer to which the coverage information in lines 2 and 3 relates. Otherwise, leave line 1 blank.



Line 2. - See Income Tax Regulations section 1.414(r). Do not complete lines 2a through 2d unless the employer maintaining the plan operates QSLOBs.

Line 2c. - See Regulations sections 1.414(r)-1(c) and 1.414(r)-8.

Line 2d. - If the plan benefits the employees of more than one QSLOB, and the employer applies the minimum coverage requirements on a QSLOB basis, file a separate Schedule Q for each QSLOB that has employees benefiting under the plan for which the Form 5500 is being filed, as if each portion of the plan that benefits the employees of a particular QSLOB constituted a separate plan. Identify on line 2d the particular QSLOB to which the coverage information in lines 3 and 4 relates. Otherwise, leave line 2d blank.

Line 3. - Check box 3a, 3b, 3c or 3d to indicate if you meet any of the exceptions they describe. If box 3a, 3b, 3c or 3d is checked, skip line 4.

Box 3a. - Check this box if, during the plan year, the employer employed only highly compensated employees (within the meaning of Code section 414(q)), excluding employees who were collectively bargained employees (within the meaning of Regulations section 1.410(b)-6(d)(2)).

Box 3b. - Check this box if, during the plan year, the plan benefited no highly compensated employees (within the meaning of Code section 414(q)), excluding employees who were collectively bargained employees (within the meaning of Regulations section 1.410(b)-6(d)(2)). See the instructions for line 4c(5) for the definition of "benefiting." This line should also be checked if no employee received an allocation or accrued a benefit under the plan for the plan year.

Box 3c. - Check this box if, during the plan year, the plan benefited only collectively bargained employees (within the meaning of Regulations section 1.410(b)-6(d)(2)). However, do not check this box if more than 2% of the employees covered by the plan were professional employees (within the meaning of Regulations section 1.410(b)-9).

Box 3d. - Check this box if, during the plan year, the plan benefited 100% of the nonexcludable nonhighly compensated employees of the employer. The nonhighly compensated employees of the employer include all the self-employed individuals, common-law employees, and leased employees (within the meaning of Code section 414(n)) employed by the employer or any entity aggregated with the employer under Code section

414(b), (c) or (m) at any time during the plan year, excluding highly compensated employees (within the meaning of Code section 414(q)). Any such employee is a nonexcludable employee unless the employee is in one of the following categories:

1. Employees who have not attained the minimum age and service requirements of the plan.
2. Collectively bargained employees within the meaning of Regulations section 1.410(b)-6(d)(2).
3. Nonresident aliens who receive no U.S. source income.
4. Employees who fail to accrue a benefit solely because they: (a) fail to satisfy a minimum hour of service or a last day requirement under the plan; (b) do not have more than 500 hours of service for the plan year; and (c) are not employed on the last day of the plan year.

Line 4. - In general, a plan must satisfy the coverage requirements under one of three testing options. Under the daily testing option, the plan must satisfy the coverage requirements on each day of the plan year taking into account only employees who are employees on that day. A plan will satisfy the coverage requirements under the quarterly testing option if it satisfies them on at least one day in each quarter, taking into account only employees who are employees on that day, provided the quarterly testing dates reasonably represent the coverage of the plan over the entire plan year. Finally, a plan will satisfy the coverage requirements under the annual testing option if it satisfies them as of the last day of the plan year, taking into account all employees who were employees on any day during the plan year.

Rev. Proc. 93-42 also allows an employer to substantiate that a plan satisfies the coverage requirements on the basis of the employer's workforce on a single day during a plan year, taking into account only employees who are employees on that day, if that day is reasonably representative of the employer's workforce and the plan's coverage throughout the year. This is referred to as "snapshot" testing.

If a plan satisfies the coverage and nondiscrimination requirements for a plan year, the employer may generally rely on this for the two succeeding plan years and will not have to test the plan in those years, provided there have not been significant changes.

If the employer is using single day, "snapshot" testing, the data given on lines 4a through 4f should be for the most recent snapshot day.

Enter on line 4 the beginning date of the plan year with respect to which the data on lines 4a through 4f was gathered. This is the first day of the plan

